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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Plage at retained by the hospital or attending physician.	TO FUNEXAL DIRECTOR After this certifical has been viginal by the principing physician and completely filled in by the lineard director should be detached for use as the buriof from permit. The places imment contempers. Pages, and 2 should be filled within 72 hours after a with the State Dept. of Health and Marrior Hygnese prior to buriof, complete, or embod. WEDSTANT I flee 21 is marked at their 18 shows any interpretational contempers and the marrior of their contempers.

BP_ DHMH - 16 50M 7/77 (VR A 15 (4))

	OF MARYLAND	47 h
	CERTIFICATE OF DEAT	AL HYGIENE ()
DDLE	TPAI	120 DATE

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1	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
		CEASED NAME FIRST OR PRINT)		WIDDLE	1	AST	20. DATE OF DEATH	MONTH 6	DAY YEAR	26. HOUR	2
1		FRANCE	5	Н.	1:11	ADAMS		2 2	2 84	3:00	DM
	3. SEX		4. RACE	DIT PET I	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR		24 HRS
J	la di	Female	Whi	te	Aug.		87	YRS.	MONTHS DATS	HOURS	MIN
A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	(mate)	
1	CC	Ohio	U	.S.A.	WIDOWE		HARFORD C	OUNTY			MD.
ī	10 CI	TY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES	
ı	VAV	RE DE GRACE		CH FACILITY, GIVE STREET		ME	Ret. Oh	Lo Be.	INDUSTRY	erato	r
7	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	ADMISSION				2108		
	130 S Ma:	ryland Har:	ford	Joppa	N	138. INSIDE CITY LIMITS?	307 She	ffiel	d Cou	rto	
1		THER'S NAME		1 11		15. MOTHER'S MAIDEN NA	ME				
7		William	MIDDLE	Miller		Elizabe	eth MIDDLE		Schu'	ltz	
1	16a W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	4	Son) ADDR	ESS	-		
1	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	271-07-	-7908	-A James N	1. Adams	Same	as #1	13	
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line for (a), (b), an	d/ci.i	· /			APPRO) BETWEEN	CIMATE INTERV	VAL
1	ui)			(wro	ung	e un	usi				
1		440 G									
1		Conditions, if any, which (h) DUE TO, OR A DISEQUENCE OF SCURA SIZE									
1		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
1		underlying cause lost	100000	R AS A CONSECUI	INCE OF						
١	3	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	(a)	_
	ON										
ī	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDE		
	TIFIC						YES NO		S [NO [
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C		VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P.	ART I OR PART 2)		
-	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	un .	M. MONTH D.	AY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION					
	¥	WHILE AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	PINEEL	CITY OR TO	WN	COUNTY	STA	(TE-
		220.1 certify that (1) (this hospi	tal) ottended th	e deceased from_		. 19.	, to		19	that (I) (w	re) last
		saw the deceased alive on above, (I) (we) (did) (did no		other death 194	, or	nd that in (my) (our) opinian	deoth occurred an the a	ate and hou	r and fram the	causes stat	ted
		77 STENATURE	1	1/5	0	DEGREE	/		It. DATE	SIGNER	
		Danu h	, my	nother	tm.	ATTENDING PHYSICIAN	MEDICAL STA		12/7	118	4
		224-PHYSICIAN'S NAME ITYPE O	R PRINT)	2. (0.)		Te ADDRESS	71	ń	10	1001	5,
		DANTE	MC	INAK.	16	MANKE a	10 m	11	N ST	0/8	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STAT	TE.
	(5	Cremation	2/24	/84	Green	Mount Cem.	Baltime		COONIT	Md.	
	24. FU		Barnes		21		E REC'D, BY REGISTRAR		RAR'S SIGNA		
	1	Fleming Fun	eral S	ervice	Bens	son, Md. FEE	3 2 3 1984			*.02	

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	reen Mount Cem 21018 Fermon, hd.	$2/2^{b}/8b$ Lernes eral beryles	Greenttop

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on and completely lilled in by the furst. Pages I and 2 should be filled with

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	3	Ö	0	
	0.110			

1	REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.			
Ì	DECEASED NAME FIRST CHARLES	MIDDLE	AIRE	RDING	26. DATE OF DEATH	MONTH DA		26 HOUR	P
ŀ	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HR	M RS
1	male &	WHITE	10 MONTH	01 03	80	YRS.	DAYS DAYS	HOURS MI	м.
4	70. BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTY	RY? 8 MARRIED WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY Harford	OR COUNTY O	FDEATH		MD.
1	Fallston	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	eral H	rother institution	12a. USUAL OCCUPA LEYPE OF WORK FOR MOS Enginee	T OF WORKING LIEET	INDUSTRY	S. Civ	vi]
1	130. STATE 130. COI	UNITY LISE CLITY OR T		130. INSIDE CITY LIMITS	17 Lake	Drive	2101	. –	
4	14. FATHER'S NAME FIRST Charles	Albero		15. MOTHER'S MAIDEN FIRST Ceascy	MIDDLE		Bur		
	Yes 1942-46 U	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) S. Army 513-0	5-9265	Mrs. Aly	(wife)	rding	Same	- 68	13
İ	PART I. DEATH WAS CAUS	only one cause per line far (a), (b) SED BY: ATE CAUSE (a)	and (e)	for mone	7 failur	Q .	BETWEEN	MATE INTERVAL ONSET AND DEAT	н
١	4960	DUE TO, OR AS A CONSE	QUENCE OF	CVA. A	SCVD = card	incorry	۵.		
ı	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	COPD		0			_
		T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CO	INDITION GIVEN	IN PART 1	a'	
4	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDIN	NGS USED OF DEATH?	
1	00 00017010171110 000		DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T 1 OR PART 2)		
	(IF EITHER, NOTIFY MEDICAL EXAMIP 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
	saw the deceased alive of	spital) attended the deceased from 2 - 23 11	2-10	d that in (my) (aur) apir	ion death accurred an the	date and haur c		that (1) (we) le causes stated	
	226. SIGNATURE 262	1		DEGREE MD - ATTENDIN PHYSICIAL		TAFF SICIAN []	22c. DATE 2-2.	3-84.	
	B.D. PAREKH	EORPRINT) MD.		1908 HARFO	PO ROAD,	PALLSTO	N MD.	21047	7
Ī	23a. BURIAL, CREMATION, REMOVA	21-1-1-1		EMETERY OR CREMATO	CITY OR TOWN		COUNTY	STATE	=
	Cremation 24 FUNERAL DIRECTOR BE	1 - 11 - 10 11	Greenm	ount Ceme	tery Balti	more AR 25b. REGISTRA	AR'S SIGNAT	Md.	_
		arnes eral Service	- Bens	on, Md.	FEB 27 1984	1 a. M	i handal	andere	

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR, Altur this certificate has been hauded be detached for use as the bursal-transit permit, with the State Dept. of Health and Mental Mygiene prior.

MPDRTANT, If from 21 is marked or

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo intoined by the hospital or otherding physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 hours after death. Page 4 may be

	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	O 4 3 3	o.	
)		CEASED NAME FIRST	therine	AIDDLE	E	SAIER			24 26. HOUROO PM
1	3. SE	× Female	4. RACE	te	S. DATE C		6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
St. Onco.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.C.	1	I.S.	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	wire Cou	Harford MD.
	1/3	HY COM OF DEATH	2929 H	arford Ro	address)	Hydes, Md.	(TYPE OF WORK FOR MOST C Seamstress	WORKING LIFE INDU	ndo Moss ssor stry rt&Sew.Fact
35	13a. S	TACCO -33	OME OR OTHER INSTITUTION.	13t. CITY OR TOW Hydes	ADMISSION)	13d, INSIDE CITY LIMITS? YES NO 🔼	2929 Harfo	ord Rd. Hyd	2/082 es, Md.
20		Joseph	H	Hawkins		15. MOTHER'S MAIDEN NAME HELEN	B. MIDDLE		ÇAST
medico		WAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	212-09-7		17. INFORMANT Mr. Lawrence	F. Baier,	Hydes, Md	rford Rd. . 21082
r troumotic eventythe		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0) DUE TO, Of the	Candia	puli rage	nonary Arr Lung Disease,	Chronic .	2	pproximate interval ween onset and death of pm. gpm. gy 2 mo.
hows any injury, ar ath	CERTIFICATION	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CO	Devere DISTRIBUTING TO I STOR FOR WHICH Fallston	Pul DEATH BUT	Preumonia, N was performed tal 12/10/8	Cachexia 200 AUTOPSY?	DITION GIVEN IN PA	MINDINGS USED AUSES OF DEATH?
ed or hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.) 210. INJURY OCCURRED WHILE NOT WHILE	OF DEATH AMINER) P.I 218 PLACE ((AT HOME STR	M, MONTH DA	19	216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU		
If them 21 is marke		22a.l certify tha (II) (this saw the accessed as abave (II) we) (did) (22b. SIGN AT IRE	haspital) attended for	ofter death.	84.01	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	death accurred an the di	22c.	
APORTAN		Albert	S. C. S	UN, MI).	1800 Ha.	ford Rd.	Fallston	MD21047
7	23 a. l	BURIAL, CREMATION, REMO (SPECIFY) Burial	236. DATE 2-24-	- 01		Mem. Gardens	23d LOCATION CITY OF TOWN Bel Air	Harford	Md. STATE
/82	14	UNERAL DIRECTOR NAME F. Lassahn, 11	750BelairR	ADDRESS d. Kingsvi	lle.M	256. DAT	23 1984 gu	25b. REGISTRAR'S SI	GNATURE
	-		The second second		-				

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

January 1929 Inchile Lord Barther Company of the Co 11. Octobered the an 2020 Environ M. William III. model tribland of the state of the SEC. T. Marting Canada . Contract . J. College Sec. Canada Territor of the number of the state of the s n.E. basender, Mystersalstanger. Manysvalla, S. . _ ver FES 2 7504 Comments - 18 18 2 7504

	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST OR PRINT) Mami	e RACE	Barron 15. Date of Birth	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR GEO. DATE OF DEATH MONTH DAY YEAR 26. HOUR GEO. DATE OF DEATH OF DEATH OF UNDER 14 HE UNDER 24 HES.
age 4	_	Female	White	70-14-7890 YEAR	93 YRS. MONTHS DAYS HOURS MIN.
Con nerol of	Bo	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Har For J MD
by the fu	Ho	ITY OR TOWN OF DEATH	tarford Memor	ial Hospital	126 USUAL OCCUPATION (TYPESF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR (TYPESF WORK FOR MOST OF WORKING LIFE) Retired
ly filled in should be	13u. 3	AL RESIDENCE (IF NURSING HOME OF	r OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY Larrington	PADMISSION) 13d. INSIDE CITY LIMITS? YES NO NO	13, STREET ADDRESS / ZIP CODE Rd 21034
Of of or with	14. 67	August Bos	MIDDLE LAST	Anna Heli	mens Hast
te be execut ician and co rers. Pages 1).		WAS DECEASED EVER IN U.S. AR			ADDRESS Baldwin Otto -2923 Placid Dr. Nd.=210
that the death certifical by the attending physics remove corbanpop call, cremation, or remove or ather troumatic event,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	oly one couse per line for (o), (b) one CD BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	incerge Ische	Arrest BETWEN ONSE AND DEATH mic Heart Disease Years (propos
The low requires icion. te hos been signe sist permit. Then p. giene prior to bur shows ony injury, i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FORWHICH	DEATH BUT NOT RELYED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? YES NO
IG PHYSICIAN: TI oftending physicial ter this certificate is the buriol-transit nand Mental Hygi reed or Hemal 8 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LE ETHER, NOTIEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIEM NOTIEM AT WORK AT WORK	HOUR A.M. MONTH D	AY YEAR 19 111 LOBATION	ED (NIER NATURE OF INJURY IN TEM 18 PART 1 OR PART ?) CITY OR TOWN COUNTY STATE
OR ATTENDIN e hospitol or DIRECTOR: Af oched for use o Dept. of Health		saw the deceased alive or	atol) ottended the deceased from 2 - 3 3 19 at view the body after death.	2 - 18 , 19 85 84, and that in (my) (aur) opinion DEGREE	death occurred on the date and hour and Iram the causes stated 12c DATE SIGNED
TO HOSPITAL O retained by the TO FUNERAL D should be defociently with the Store D IMPORTANT: If I		22d PHYSICIAN'S NAME (1996)	MN, MAN	ATTLE 220 ADDRESS PO	STX STAFF 2 W/D STX STAFF DIRECTOR PHYSICIAN 2 W/D STX STAFF THE DIRECTOR 2 W/D STX STAFF THE DIRECTOR 2 W/D STX STAFF THE DIRECTOR 2 W/D STAF
BP		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	
DHMH - 16 50M 4/83 (VRA 15, 4)		when C. Millen 1	Onc-6415 Belain		TE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE B 2 9 1984 Julia Davidson-Randson

Millen Onc-6415 Belain Rd. =21206

applied of the part of the par nd. Laster Collector 1 100 onestero de - 21001 Cartage or grant transit End Auge Is have then I have I the MIND & DELLARAN OFFAT AND Curio to colors 1 -7 - 1 with a first come of the mental of the many that it is made

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BENTLEY

5 DATE OF BIRTH

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 26 HOUR February 29, 1984 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

Male		White	Jan.	17
Jenkins.	STATE OR FOREIGN Kentucky	76. CITIZEN OF WHAT COUNTRY?	MARRIED	

4 RACE

DAVIS

MARRIED X NEVER MARRIED DIVORCED

Harford County Clergyman

9 BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR Church

Darlingt	0	n
USUAL RESIDENCE 130 STATE Maryland	IF	NU

14 FATHER'S NAME

FOR - STATE

1 SEX

REGISTRAR DECEASED NAME

Harford

EIRST

JOHN

Parlington

Bentley

2057 Glen Cove Road

15. MOTHER'S MAIDEN NAME

. 1920 EAR

2057 Glen Cove Road 21034 Ethel

Henderson William 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

Whittaker

(YES NO OR UNKNOWN)

06-09-2385

Gary Bentley

Virgie

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY DISEASE Conditions, if ony, which gove rise to immediate ENTAL ALLOW TACHY CALOI couse (a), stating the underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YEAR

19

190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH

21d INJURY OCCURRED

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY

AT HOME STREET FACTORY, OFFICE, FARM ETC I

71e. PLACE OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20e AUTOPSY?

21f. LOCATION

COUNTY CITY OR TOWN STATE

2-29-84

17 certify that (1) (this haspital) attended the deceased from the deceased alive an,

DEGREE

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Barry A. Wohl

22e. ADDRESS

131 S. Union Ave, Havre de Grace, Md. 21078

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

Bel Air Harkord

Md. REGISTRAR 256. REGISTRAR ESTABLISHMENT

NO F

DHMH - 16 50M 4/B2

(VRA 15, 4)

should be deto with the Stote IMPORTANT: I

18 shov

0

Howard K. McComas III, Abingdon, Md. 21009

Mar. 3, 1984

236 DATE

JANSON STATE BURGOL HIRAT THE ALL THE TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral directo should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours a with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT If hem 21 is moded or tem 18 shows ony injury, or other troumotic even, the

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND

MCCOMAS III

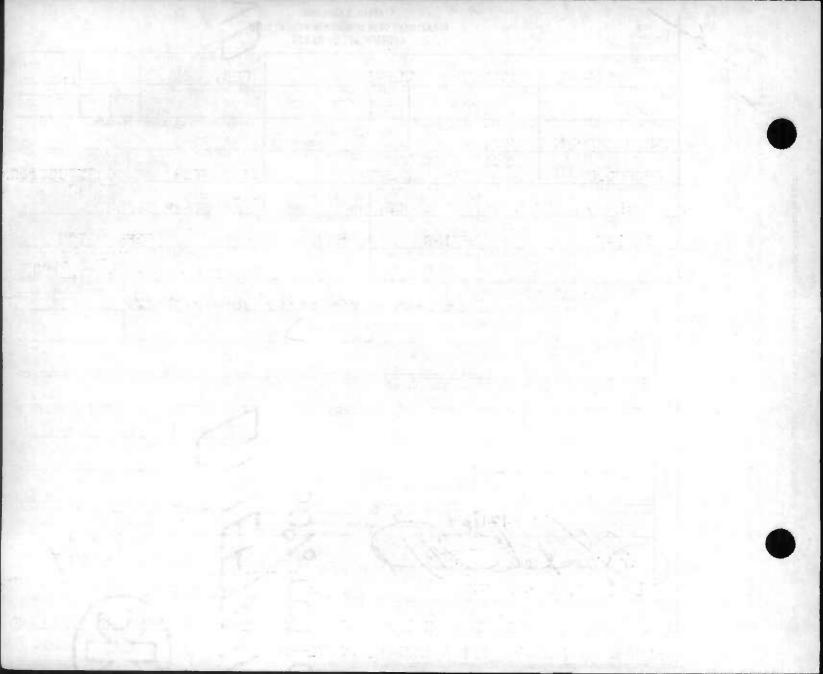
LAND

	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE REG. I	NO	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	Zb. HOUR
	GEORGE	CONLEY	BLEVINS	FEB. 2	1, 1984	5:05PM
	MALE	WHITE	5. DATE OF BIRTH FEB. 15° 1909	6 AGE (IN YEARS LAST B	#FUNDER 1 YE MONTHS DA	
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT CO	MARRIED X NEVER MARRIED	LADEOR	OR COUNTY OF DEATH	
20	NORTH CAROLINA		WIDOWED DIVORCED			D OF BUSINESS OR
-	EDGEWOOD		GIVE STREET ADDRESS)	CARPENTE	R CON	STRUCTION
	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MARYLAND HA	NTY 13t. CITY	OR TOWN IGEWOOD OR TOWN VES NO V	TS? 12 STREET ADDRESS		040
2	14 FATHER'S NAME		15. MOTHER'S MAIDE	NNAME	MIN OTHER	
1	WILLIAM	BLEVI		MIDDLE	PENNIN	
		IVE WAR OR DATES)	12 5627 EDANGE	L BLEVINS	ZUIO STARI	ST. 21040
			-12-5627 FRANCES	L DLEVINS	CDOFMOOD 1	ROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	5 Jehas D. Clerk	4 6 Candro	ras fis BETWI	EEN ONSET AND DEATH
	4960 IMMEDIA	DUE TO, OR AS A CO	DISEQUENCE OF CO A D'A	cc cmi		
	Conditions, if ony, which	(b)	COPL)		
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	INSEQUENCE OF			
		(c)	NIG 10 25 11 PUT NOT 251 11 TO 10	TERMINAL PROPERTY OF CO.	NO ITION CHIEN IN DAD	
		CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CO	NOTITION GIVEN IN PAR	1110
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
3	21a. ACCIDENT WAS UNDERLYING [216. TIME OF INJURY		CCURRED (ENTER NATURE OF IN		
1	OR CONTRACTOR OF OR		NTH DAY YEAR			
	214 INJURY OCCURRED	218. PLACE OF INJURY		CITY OR	town county	STATE
	AT HORE AT HOT WHILE A		1/-11	7/21/2	st-	
	27s I certify that (I) (this has sow the deceased aller a	いり ようちょう アンドノイ	With the later of	inion death occurred on the	dote and hour and from	, that 1) (we) lost the couses stated
	23s SIGNATURE	ii) wew tily body lefter days	DEGREE			ATE SHENED,
ŕ	6400	alia X	ATTEND PHYSICI	ING MEDICAL ST	AFF SICIAN []	21/84
	774 PHENCIAN'S NAME THE		220 ADDRESS T	RIMBLE RD.	EDC	EMOOD WD
		HAN M.D.	EDGEWOOD		NTER 537	EWOOD, MD
	230 BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY	STATE
	RIBLAL	12-14-84	DEL ATP MEM. GD	S REI ATE	HARFORD	MARYI AND

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR HOWARD Κ.

ABTNGDON, MARYLANDFEB 23 1984 Julia Davidson-hander



Dundalk, MD. 21222

(VRA 15, 4)

7922 Wise Avenue

STATE OF MARYLAND

The state of the s

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a shauld be detoched far use as the buriol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

injury, or other traumotic event, thi

IMPORTANT: If them 21 is morked or them 18 straws ony

FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		- 17.1	

REGISTRAR		CERTIFI	CAIL OF PLATE	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH M		2b. HOUR
(TYPE OR PRINT) Walter		Вс	oyle	Feb.22,1	-	11:20p4
3. SEX	4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	AR IF UNDER 24 HRS. TS HOURS MIN.
Male	White	Feb	. 22, 1919	65	YRS.	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR		
Maryland	United States	WIDOWED	DIVORCED [Harford	-	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		ROTHER INSTITUTION	12a USUAL OCCUPATIO	WORKING LIFE) INDUSTI	
White Hall	2753 East Churc	ch Lan	e	Farmer	Agr:	iculture
USUAL RESIDENCE (IF NURSING HOME OF 134 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	211	601
	ford White Ha		YES NO	2753 East 0	hurch Lan	e
14 FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAST
Cleveland	Boyle		Inez			rr
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRES	White Ha	all. MD
No -	161-20-0	0061	Lillian A. B	oyle 2753 Ea		
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a), (b), an	dici.	1 0 1		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	ATE CAUSE (a)	ALIVA	tee Ca. Y	one	6	omo.
1539	DUE TO, OR AS A CONSEQU	ENCE OF	000		,	
Canditions, if any, which	((b) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mari	1 Color	(sucer	. /	M.
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENICE OF V				1
underlying cause last	DOE TO, OR AS A CONSEGU	ENCEOF				
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART	Tra:
NO N						
19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		206. IF YES, WERE FIN	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				YES NO X	YES	NO [
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PART	?)
OR CONTRIBUTING CAUSE OF D	EAIT!	AY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY		21f. LOCATION			100
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
	pital) attended the deceased from_	9.	7-11 10 78	10 2 - 1	7 3 10 8 4	that (1) (we) last
saw the deceased alive of	0 00	84 000	d that in (my) (aur) apinion o	eath occurred on the dat	e and hour and from	
above, (1) (we) (did) (did r	nat) view the bady after death.	- /	PEGREE			ATE SIGNED
126. SIGNATURE TO STATE OF THE	· AHT	9/1	MAN ATTENDING	MEDICAL STAFF	_ 0	-2-04
270 PHYSICIAN'S NAME (TYPE	M I well	in	PHYSICIAN P	DIRECTOR PHYSICIA	ANU	228/
LA/I/ I JAMAN	OF ELATAN	1	21 F. 11/2	. Aun C	b. 20 -t-	tours P.
MILLIAM	UFULION		211000	MANCE D	1000 151	oun fy
23a. BURIAL, CREMATION, REMOVA (SPECIFY)			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
Burial	Feb. 27,1984	Slate	Ridge	Peachbotto	or Two Yo	rk PA
24. FUNERAL DIRECTOR	ADDRESS		HEBAY	27 284 400	TOP SAKE KALLY	A COUNTY
John H. Harkins	600 Main Street	Delta.	PA	0	1000	

DHMH - 16 50M 4/82 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	3	
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	retained by the nospital or attending physician.
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	PIT.	by
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DHMH - 16 50M 4/83 (VRA 15, 4)

1 (1)	DECEASED NAME YPE OR PRINT)	Seber	-	Dewey		*Brinegar iNegar	2e. DATE OF DEA	Feb.	3 198.	6:32
/	Male		RACE White	e	S. DATE C		6. AGE (IN YEARS L	YRS		HOURS MIN
	BIRTHPLACE ISTATE OR F Orth Caroli		CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORE C	arford	ITY OF DEATH	٨
1	avre de Gra		(IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET A Memoria	DDRESS)	or other institution	120 USUAL OCCU	NOST OF WORKING	SHEET INDUSTRY	of business o
13a	SUAL RESIDENCE (IF NURSI STATE aryland	Harfor		GIVE RESIDENCE BEFORE 136. CITY OR TOWN BEL Air	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [X]	13e STREET ADDR	ESS / ZIP CO	DDE	21014
201	FATHER'S NAME Charlie	Pres	ston	Brinegar		15. MOTHER'S MAIDEN NA Lawra	Luc	inda	Kesse	ing
Ď /	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME		215 14-0		Mrs. Patty	- Brinegar,	10 Dub	21014 elin Way	,BelAir
other troumotic	Conditions, if ony, gove rise to imm couse (0), stotin underlying cause	nediote g the	DUE TO, OI	R AS A CONSEQUE	Cell	Cereinona	g fung metali	show	t in	
S ony injury, or other froumotic injury, or other front in	Conditions, if ony, gove rise to imm couse (o), stotin underlying cause	which nediote g the last.	DUE TO, OI (b) DUE TO, OI (c) NDITIONS CO	Small R AS A CONSEQUE ONTRIBUTING TO D	NCE OF BUT	Creitona Cerebosh Per portine TERM NOT RELATED TO THE TERM	of Jung metals AIN DISEASE OR		GIVEN IN PART I	INGS USED
tem 18 shows ony injury, or other froumotic	Conditions, if ony, gove rise to imm couse (o), stofin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which nediote g the last. NIFICANT COL	DUE TO, OI b) DUE TO, OI ic) NDITIONS CC	Small R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA	NCE OF BUT		20a AUTOPSY	IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH? NO
rked or frem 18 shows ony injury, or other froumotic Complete MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which nediote g the last. WIFICANT COL	DUE TO, OI (b) DUE TO, OI (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A 21e. PLACE	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M.	DEATH BUT OPERATIO AY YEAR 19	IN WAS PERFORMED	20a AUTOPSY YES NO RED (ENIER NATURE C	IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH? NO
	Conditions, if ony, gove rise to imm couse (a), stofin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUSE WHITE NOTEY MEDICAL AT WORK NOT WHAT WORK 22a 1 certify that (1) sow the decease obove. (1) (we) (certify live) (certify the)	which nediote g the last. WIFICANT CONTINUE CANTER OF DEATH C	DUE TO, OI 1b) DUE TO, OI 1c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A. P. 21e. PLACE: (AT HOME STR	R AS A CONSEQUE THOM FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	DEATH BUT OPERATIO Y YEAR 19 ARM ETC.)	21c. HOW INJURY OCCUR	20a AUTOPSY' YES NO RED (ENTER NATURE C	IN CER	YES, WERE FIND RTIFYING CAUSE YES 18 PART I OR PART 2) COUNTY 19 44 hour and from the	INGS USED S OF DEATH? NO STATE , that (I) (we) I e causes stated
T: If hem 21 is morked or frem	Conditions, if ony, gove rise to imm couse (o), stofin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNED OR CONTRIBUTING CUE (# EITHER NOTIFY MEDIX 1 WO) 21a I Certify that (I) sow the decease obove. (I) (we) (c) 22b. SIGNATURE	which nediote g the last. NIFICANT COL TION CAUSE OF DEATH CAL EXAMINER) RED (this hospital) ed olive on did) (did not) x	DUE TO, OI 1b) DUE TO, OI 1c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A P 21e PLACE (AT HOME STE	R AS A CONSEQUE THOM FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	NCE OF DEATH BUT OPERATIO Y YEAR 19 ARM ETC.)	21c. HOW INJURY OCCUR 211. LOCATION STREET 17 , 19 47 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	20a AUTOPSY' YES NO RED (ENTER NATURE C	IN CER	YES, WERE FIND RTIFYING CAUSE YES 18 PART I OR PART 2) COUNTY 19 44 hour and from the	INGS USED S OF DEATH? NO STATE state , that (I) (we)
MPORTANT: If them 21 is morked or them	Conditions, if ony, gove rise to imm couse (a), stofin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUSE WHITE NOTEY MEDICAL AT WORK NOT WHAT WORK 22a 1 certify that (1) sow the decease obove. (1) (we) (certify live) (certify the)	which nediote g the last. WIFICANT COLITION DERLYING CALES OF DEATH CALE EXAMINER? RED WIFICANT COLITION CALES OF DEATH CALE EXAMINER? RED WIFICANT COLITION CALES OF DEATH CALE EXAMINER? RED WIFICANT COLITION AME (IVPE OLITION)	DUE TO, OI 1b) DUE TO, OI 1c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A P 21e PLACE (AT HOME STE	Small R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA ofter death. Office of the control of the cont	DEATH BUT OPERATIO VY YEAR 19 ARM ETC)	21c. HOW INJURY OCCUR 21l. LOCATION STREET 17 , 19 8 4 nd that in (my) (our) opinion DEGREE	200 AUTOPSY' YES NO RRED (ENTER NATURE C	OR TOWN STAFF HYSICIAN	YES, WERE FIND RTIFYING CAUSE YES 18 PART I OR PART 2) COUNTY 19 44 hour and from the	INGS USED S OF DEATH? NO

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24 hours after death. Page 4 may	(
ow requires that the death certificate be executed within 24 hours after de	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low	retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be then the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

with the order over 1 is marked or them 18 shows pay injury, or other troumotic event, the medicokexomin

meter, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR	DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
ı	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
h	I. DECEASED NAME FIRST A	MIDDLE (AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
ł	(TYPE OR PRINT)	Busin	7-15-811
ŀ	C/711 /.	DUSIC	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 74 MRS
1	3. SEX	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	Wifie Whi	TE 12 24 21	62 YRS.
1		WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
4	COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	
ł	10. CITY OR TOWN OF DEATH 11. NAME OF H	HOSPITAL, NURSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION 176 KIND OF BUSINESS OR
1	I PENOT IN SUCI	FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
V		ord Mem. Hosp.	CARPENTER CON'S'
	USUAL RESIDENCE (IF NURSING OF THE INSTITUTION, 130. STATE	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS	32 13e.STREET ADDRESS / ZIP CODE
	MD GECIL	RISING SUH YES NO 1	4 KENXETT PR
ď	14. FATHER'S NAME	15. MOTHER'S MAIDEN	NAME
1	E FIRST MIDDLE	D LAST PIRST	MIDDLE NO 101/1857
4	160 WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS RISING SUM
1	(YES, MY OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	40 22 202	
4	HO	242-21-363 NO AZIZ	
I	18 CAUSE OF DEATH (Enter only one couse per	Ine for (a), (b), and (c).)	APPROXIMATE INTERVAL
1	PART I. DEATH WAS CAUSED BY:	ar do respire	loup purel
1	4110	1	111
1	C 101 1/2 1/2 1	R ASA CONSECUENCE OF	, hasuffleling
ı	Conditions, if ony, which gove rise to immediate	y care e contrary	DA 1
ı	couse (a), stating the DUE 10. OF	MACONSEQUENCE IN	1.10.1
I	underlying couse lost.	The Millio,	scenous entry of
1		ONTHBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAPOISEASE OR CONDITION GIVEN IN PART IN
1	THE ACCIDENT WAS INDUSTRING THE TIME O	locater feather E	telester trems formet on
7	4 190 DATE OF OPERATION 190 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED	20s. AUTOPSY? 20s. IF YES, WERE PROINGS USED
I	E.		TES O NO VESTIFYING AUSES OF DEATHY
Н	THE ACCIDENT WAS UNDERLINES [7] THE TIME O	F INTURY 171, HOW INTURY OCC	CURRED TENDER HATTER OF PRIMIT PHILEM TO PART Y DEPART IS
1		M. MONTH DAY YEAR	COUNTY THE PARTY OF PARTY PARTY OF PART
I	S (FETHER HOTES MEDICAL EXAMINES) P.J.		
ı	OR CONTROL OF CAME OF CALCET (# ETHER HOTE'S WIDEAL FRANKES) 71d. INJURY OCCURRED 71d. INJURY OCCURRED 71d. INJURY OCCURRED 71d. INJURY OCCURRED	OF INJURY BET FACTORS OFFICE, FARM, ETC.) 211. LOCATION STREET	State through Hwotad vita
1	E and D add white D	/ - / /	-///
1	77s I certify that Nothis hataital attended he	e deceased from	4 to 19 19 that in (we) last
1	saw the declared after on	19 and that in (my) (our) opin	non death occurred on the date and hour and from the causes stated
1	above, (1) (ver) (out) didusor) view the work	ofter death. DEGREE	12% DATE SIGNED
1	TX / / / / / / / / / / / / / / / / / / /	ATTENDIN	
4	No 111 land Co	PHYSICIAL	
1	TIL PHYSICIATYS NAME (TYPE OR PRINT)	27e. ADDRESS	1. 11/1/1 -0
1	N LAMA KAWA	M.O. 319 So UNI	on 1 hr 1 4 1 d 21075
1	230. BURIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION
1	B. RIAL Z-8	-84 PINEY CREEK	CITY OR TOWN COUNTY STATE
1	24 FUNERAL DIRECTOR O		PINEY CATER NO.
	MAME Cherry of force	cel 10000 SING SUM	B 8 1984
	KITITOARD FUHE	RAZ HOLAK MILIE	0 0 .551

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
1		CEASED NAME	FIRST	A	AIDDLE	l	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR AM
1	MA	ALL A	NAdA	1		france 8			2 - 8	8 - 84	2 M
	3. SEX		4.	RACE	0.0700.	5. DATE C		6. AGE (IN YEARS LAST	BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
J		F		W		MONTH	14 06	7	YRS	MUNTHS DATS	HOURS I MIN.
	7a. BIF	RTHPLACE (STATE OR F	OREIGN 76.	CITIZENOF	WHAT COUN	TRY? B		9. BALTIMORE CITY		Y OF DEATH	
)	1	20 rulano	K	11<	A	WIDOWE		HOPE	ORd		MD.
ő	10. CT	TY OR TOWN OF DEA	TH 11			IRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
/	10.	100 D. Co	ncel	(IF NOT IN SUC	H FACILITY, GIVES	11 06	na Home	Homemake		(FE) INDUSTRY	
1		AL RESIDENCE (IF NURS	NG HOME OR OT			SEFORE ADMISSION)	J				
		vland	Harfo		13c. CITY OR		13d. INSIDE CITY LIMITS?	Railroad		211 30	
H	-	THER'S NAME	nauto	ru	Perry	ranı	15. MOTHER'S MAIDEN N		WAG.	2110	
9		FIRST		DOLE	LAST		FIRST	MIDDLE	Puese	LAS	T
	14a \A	Lawrene VAS DECEASED EVER		D EODCES?		SECURITY NO.	Susan 17. INFORMANT	Rebecca	Russe		
		ES, NO OR UNKNOWN)	(IF YES, GIVE W						Perr	yville,	MD,219Q3
		NO			218-07	-1905	Connie Higg	rus tom Li	encato		MARK MITTERNAL
1		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o	one couse per BY:	line for (a), (b)	ondicinil	MONOVA	Arrost		BETWEEN	MATE INTERVAL
1		111.10	IMMEDIATE (CAUSE (0)	asa	TOPUL	moral 9	MICOL		1/11	MUTCO
4		4140		DUE TO, OI	ASA CONS	EQUENCE OF				1100	2005
1		Conditions, if ony, gove rise to imm		(b)	10					464	
1		couse (o), stofin underlying couse		DUE TO, OF	R AS A CONS	EQUENCE OF					
				(c)							
	z	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF CO	NDITION GI	VEN IN PART 110	,
	CERTIFICATION	Metas	TUTI	Tian contri	(3()	Y OPERATIO	CL OT T	ue colo.	Tank IE VE	S. WERE FINDIN	ICS USED
-	FICA	19a ĎAŤE OF OPERAT	ION	196. CONDI	HON FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INCERTI	FYING CAUSES	OF DEATH?
Ų	RTI				E IN LILIEN		In the way a second	YES NO		ES 🗍	NO [
		OR CONTRIBUTING		HOUR A.		DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	IJURY IN ITEM 18	PART 1 OR PART 2)	
-	CA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.,		19					
	MEDICAL	21d. INJURY OCCURE		21e PLACE		FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR	CITY OR TOWN COUNTY		
	1	AT WORK AT WOR	KE [-	
		22a.1 certify that (1)		ottended the	deceosed fr	(2/1-	19.00	2 , to	8		that (I) (we) lost
		sow the decease		new the body	ofter death.	19_07_, or	nd that in (my) (our) opinion	n deoth occurred on the	dote and ho	ur and from the	couses stated
		THE SIGNATURE	1.	11/1-	2		DEGREE	. ALEDICAL SI	TAFF	221 DATE	SIGNED
		HOWUN	CIAL	WHOV		N	D. ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN [12.8	3.84
		22d PHYSICIAN SHO	ME THE OR P	EMITS (2 11	10	22e ADDRESS		4		,
		Howlet	t Ja	CILOU	MA	1.D.	1315, UNION	1 Ave Ha	rre De	e Grace	² Md
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY			COUNTY	STATE
	1	Burial		Feb.1	1984	Spesuti	a Episcopal	Perryman			-
	24 FU	INERAL DIRECTOR		(C)	ADDR	ESS	E ED DA	TE REC'D. BY REGISTR	AR 256 REGIS	TRAR'S SIGNAT	URE
	Tar		ral Hor	me, P.A.	Aber	leen, MD,	21001-3399	1 4 1984 4	Ma David	dson-Aand	202

DHMH - 16 50M 4/83

(VRA 15, 4)

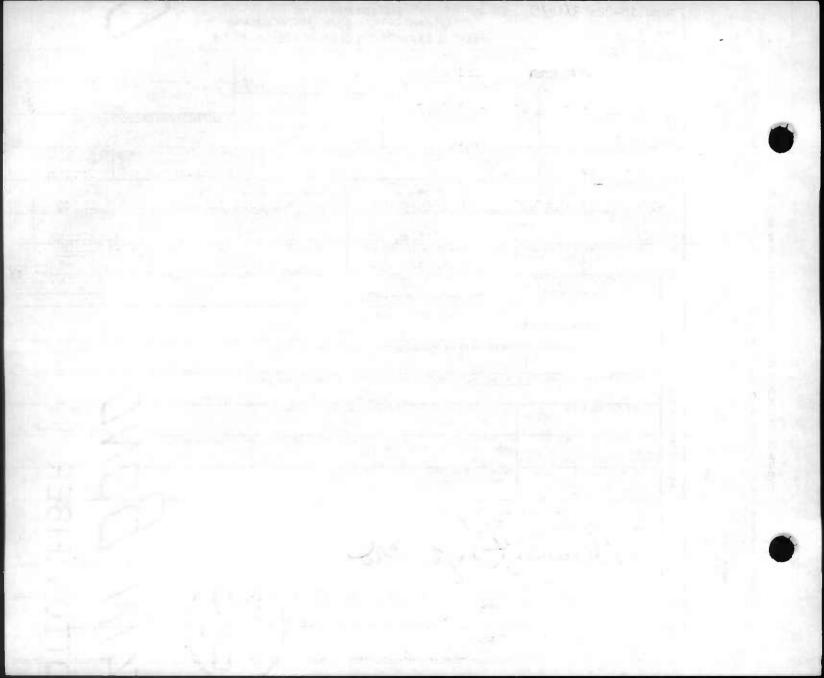
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		CEASED NAME OR PRINT)	FIRST Mari	ry	There		Cooper	REG. N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAY YEAR 02 84	3: a
'	3. SE	(1	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY	IF UNDER 1 YE	
nl	2 01	Female		White		June	7, 1890	93	YRS.		
Di		RTHPLACE (STATE OR COUNTRY)		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY C	-		
10	Hav	ty or town of de vre de Gra	ce C	(IF NOT IN SUC	ns Nursin	address) G Hom	OR OTHER INSTITUTION	Harford 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWISE	OF WORKING LI		OF BUSINE
90	130. S Ma	al residence (if nur state ryland	136 COUNTY Harfo	rd	Abingdon		134 INSIDE CITY LIMITS? YES NO 🖔	13. STREET ADDRESS 4029 E. Bo	zip codi ker A	ive.	21009
20		Henry NAME	Denme	ad	Jones		15 MOTHER'S MAIDEN NA. FIRST Barbara	0			ler
med	11	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		213-74-0		17. INFORMANT Mrs. Margaret	L. Caron,	Abing 4029	don Mo E.Bake	l. 210 r Ave
roumofic ever		PART I. DEATH V	IMMEDIATE (CAUSE (a)	RISACONSEQUI	ENGE OF	Myvear	hal in	Jaco	elin	2
ony injury, or other troumonic ever	CATION	Conditions, if ony gove rise to im couse (a), stati underlying couse	/, which imediate ing the e last.	DUE TO, O (c) NDITIONS CO	R AS A CONSEQUI	ENCE OF	Myrcars NOT RELATED TO THE TERM	MINAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE:	S, WERE FIN	DINGS USED
nows ony injury, or other troumotic ever	TIFICATION	Conditions, if ony gove rise to im couse (a), stoti underlying cous. PART 2 OTHER SIG	/, which immediate ing the e last.	DUE TO, O (c) NDITIONS CO	R AS A CONSEQUI	ENCE OF			20b. IF YE		DINGS USED
Shows 1	CAL CERTIFICATION	Conditions, if ony gove rise to im cause (a), stati underlying cause	MMEDIATE (), which immediate in the elast. INIFICANT COL ATION CAUSE OF DEATH	DUE TO, O DUE TO, O Co Co Co Co Co Co Co Co	R AS A CONSEQUI	DEATH BUT		200 AUTOPSY?	20b. IF YES	S, WERE FIN FYING CAUS	DINGS USED ES OF DEAT NO
rked or Item 18 shows ony injury, or other traumatic ever	MEDICAL CERTIFICATION	Conditions, if ony gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d. INJURY OCCUR	IMMEDIATE (/, which immediate ing the elast. INTERCANT COLOR ATION ATION CAUSE OF DEATH DICKLE EXAMINER) TREED THILE	DUE TO, O (b) DUE TO, O (c) NDITIONS CC 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEQUI	OPERATIO AY YEAR 19	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTII YE	S, WERE FIN FYING CAUS	DINGS USED ES OF DEAT NO
Shows 1		Conditions, if ony gove rise to im couse (a), stoti underlying cous. PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d. INJURY OCCUR	IMMEDIATE (/, which immediate in the elast. INTERCANT COLOR ATION DUE TO, O (c) 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE 1 AT HOME. STE	R AS A CONSEQUIDATE INTO THE PROPERTY OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM.ETC)	21t. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YE IN CERTIII YE IN CERTIII YE IN ITEM IS I	S, WERE FIN FYING CAUSES D PART I OR PART : COUNTY	DINGS USED ES OF DEAT NO	

a soil source - service - service Living Carley of the second page 200 and the second second at the second



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CE	RTIFICA	E OF DEATH	1		REG. NO).			
	CEASED NAME	FIRST		MIDDLE		LAST		20	a. DATE OF E	DEATH /	MONTH	DAY YEAR	2b. HO	UR a
11111	Glenn	eth	C	•	Dixo	n			2 /	23	/	84	9	:05 M
3 SE	x	4	RACE		5. D	ATE OF BIR	TH DAY YE		AGE (IN YEA	RS LAST BIRTI		MONTHS DAYS	IF UNDE	R 24 HRS
/.	Female		Whi	40	e,	ept.	22 190	_	75		YRS.	MOITING DATS	HOOKS	Jacies,
	RTHPLACE (STATE ORF	OPEIGN 7	. CITIZEN OF			Shr	22 170		BALTIMOR	E CITY OF		OFDEATH	-	
	COUNTRY)		y, Chileen of		M	ARRIED	NEVER MARRIE				-			
	West Virgi		USA			DOWED	DIVORCE		Harfor		64/			MD.
10. C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, N			HER INSTITUTIO		TYPE OF WORK F			12b. KIND (FE) INDUSTRY	OF BUSIN	ESS OR
H	avre de Gr	ace		ns Nur				- '	Homen			Home	3	
	AL RESIDENCE (# NURS	13b COUNT		GIVE RESIDENCE			NSIDE CITY LIM	UT52 13	e STREET AL	ODRESS /	ZIP CODE			
	Maryland	Harf		Havre		raceYES		_		rket	Stre		21078	3
	ATHER'S NAME						OTHER'S MAID	ENNAME			-			
	FIRST	M	DDLE T.T	No. o	.2.	100	FIRST			WIDDLE		Bias	ST	
	Walter	IN II S ARM	ED FORCES?	NOS		NO 17 I	MATY			ADDRE:	55			
- (YES, NO OR UNKNOWN)		WAR OR DATES				-				M	aryland	i 210	078
	No			211-3	8-826	9 M	nroe J.	Dix	on, 701	Mar	cet, S	t. Hav		
	18 CAUSE OF DEAT	H (Enter only	one couse pe	r line for (a), (bi, god ici.	1		0	-		7	BETWEEN	ONSET AN	RVAL D DE ATH
	PART 1. DEATH W	IMMEDIATE		Car	did.	100	era	tory	1 4	10	- X			
	112/	MMEDIATE		0		1	1	1			,			
	730		DUE TO, C	R AS ACON	SEQUENCE	OF	do			X	ha			
	Conditions, if ony, gove rise to imn		(b)_	-	r a	we	que	ongi	Lucia					/
1,10	couse (a), statin	g the	DUE TO, C	R AS ACON	SEQUENCE	loe ,	9 0	1 1 1	1		l		. 0/	1
	underlying couse	lost.	((c)_	110	4	1/	e e	ere	un	uni	- 4	-au	y KL	2 4
	PART 2. OTHER SIGN	VIFICANT, CO	ONDITIONS C	ONTRIBUTIN	O TO DEAT	H BUT NO	BELATED TO TH	E TERMIN	AL DISEASE	OR CONE	ITION GI	EN IN PART I	0	
CERTIFICATION	Tener	al	per-	cele	Sus	sel	unde	ca	de so	aux	wh	- KA	-	
¥	190 DATE OF OPERA	TION 0	196 CONE	ITION FOR V	VHICH OPE	RATION WA	SPERFORMED		20a AUTOF	SY?		S, WERE FIND		
표									YES 🗀	поп	IN CERTIF	FYING CAUSE	NO I	
2	21g. ACCIDENT WAS UND	DERLYING	21b. TIME C	OF INJURY		210	HOW INJURY C	OCCURRED						
0	OR CONTRIBUTING		110110 1	M. MONT	H DAY	YEAR		o c c o king b	, (Ently man)	,		7.00.77.00.77		
MEDICAL	(IF EITHER NOTIFY MEDI			.M.		19								
9	214 INJURY OCCURE	RED		OF INJURY	OFFICE FARM F		LOCATION			CITY OR TOV	VN	COUNTY		STATE
2	WINDER PROPIN		1	/	^			1.		. /	/	6.		
	27s.1 certify box (0	(the hospite	i) tryendell ti	deceased	rom/	0-	4 19	des.	, to	1/5	3	19 84.	that (1)	(we) last
	saw the deseas	Valiye on_	-1179	7	19 831	, and the	t in (my) (our) o	pinion dec	th occurred	on the do	te and hou	r and from the	couses s	toted
115	236 SIGNATURE	(id) (did not)	wey the body	after death.	_	DEGR	EE					- DATE	SIGNED	
	VA //	1/2 .	n.	,		DLGR	ATTEND	ING .	APDICAL	STAF	F	- K	1	
	NIL	me	4 . 7			100		IANV	DIRECTOR	PHYSIC	AN .	15/0	1140	
	THE PHYSICIANTS AND	ME (TYPE OR	PRINT)			22e	ADDRESS		4	1	11/	111-	-	0
	H. HAM	sK10	rus	14,0	30	17 00	, Llw	· m	Thee	N	15	16.21	0 /	0
	BURIAL, CRÉMATION,	REMOVAL	23b. DATE		23c NAME	E OF CEMET	ERY OR CREMA	TORY	23d. LOCAT			TTS: THE		
	(SPECIFY)	2	26 Fo	h 81.	Aman	3 W43	Comote	0.9975		RTOWN	Cmane	Harf	bro	MD

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-tranum permit. Then please remove carbon papers. Pages 1 and 2 should be filled

should be detached for use as the burial-transit parms. Then please remove carban paper with the State Dept. of Health and Mental Hygeria prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked Of Item

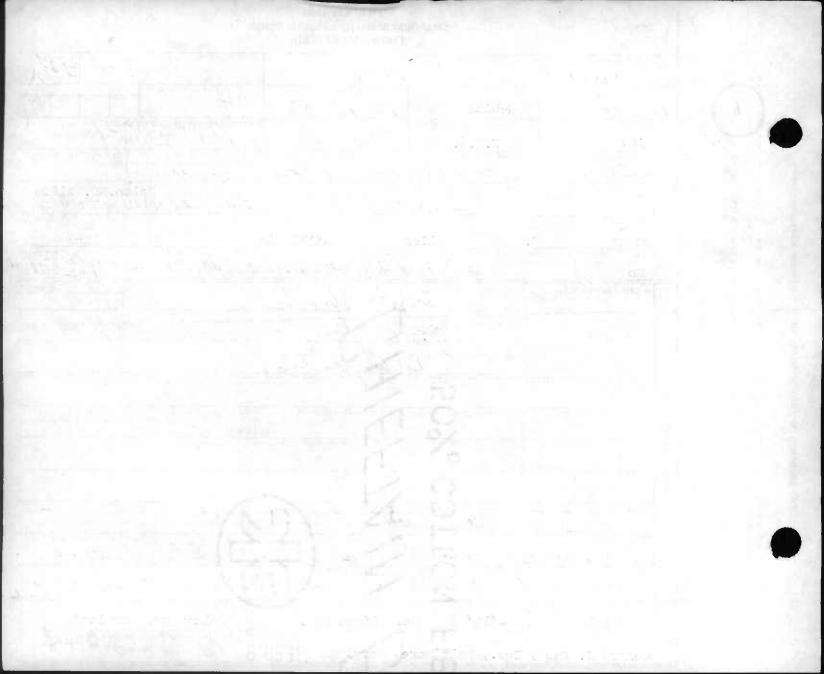
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician injury, or other troumatic event, the

Tarring Funeral Home, P.A., Aberdeen, MD 21001-3399 EB 2 8 984

1 25 / 4 in the second second Jensels College St. 1408 1175 -File Plant to the Control of the Con Will I will James Div me many Mr. payer Dip in bankyn. 4.90 112 ilo grand tara tara de campo de campa d chieffed some no created by the Little Lagrant All and the Linear with the training the said determined and the contract of the said
5	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
PY PIEAGO DIFFERENCE DE PHE SU STREET.		CEASED NAME FIRST FOR STANDARD	MIDDLE LAST DOUGLOS 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 2 5. DATE OF BIR 1 MONTH MONTH DAY STERRIHDAY) MONTHS DAYS HOURS MINI DEAD 20. DATE KNOWN MONTH DEATH MATED 2 MONTH DEATH MONTH DEATH MONTH DEATH MONTH DEAD 21. DATE KNOWN MONTH DEATH MON	DAY YEAR 26. HOUR U 19 PH /2 M DAY YEAR 24. HOUR
IS NECES AN EFFICIENT OF WARRINGTON WAS SECOND OF WARRINGTON OF WARRINGT	FO	RTHPLACE (STATE OR ALLE OR ALL	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT WIDOWED DIVORCED HARFOR! 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (1795-0F WORK)	
F ANY DELAY RETAIN PA POULD BE FILE FECCHORES	OSUA Ide S	TATE A . UNI COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. CHY OR TOWN 14. CHY OR TOWN 15. CHY OR TOWN 16. CHY OR TOWN 17. CHY OR TOWN 18. CHY OR TOWN 18	AGN. Work
BALTIMORE, MD S AFTER DEATH TOWN PM ST 1, 2 PACES FAND 2 S WISION OF THAI	/ :	THERES NAME DOBED VAS DECEASED EVER IN U.S. A. ES, NO, OR UNKNOWN I (IF YES, GN	IS MOTHER'S MAIDEN NAME FIRST Douglas XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX VanHoy
W. PRESTON ST., VWITHIN 24 HOUR FENCIL IN ITEM 16 MINER ADMINER FERMIT. FINTAL HYGER® OR REMOVAL.	7	IB CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMED). Canditions, if any, whice gave rise to immediate cause (a) stating the underlying cause last.	Inly one cause per line for (a), (b), and (c), DO NARY Heart SIJEALE ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) (b)	APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATE SHO CERTIFICATE SHO TING THE WORD SED TO THE CHIE 3 SHOULD BE US DEPARTMENT OF I PRIOR TO BURLOF I PRIOR TO BURLOF	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COU	
MEDICAL EXAMINER: THE COUTE THE CERTIFICATE, W GE 4 SHOULD BE FORWAR FUNERAL DIRECTOR: PAGE FER DEATH, WITH THE STAT ITIMORE, MARYLAND, 212		AT WORK AT WORK 22a. I certify that I took choi	rige of the remains described above, held an Autopsy Inspection Inquiry, and in my opin ural couses Accident, Suicide, Homicide, Undetermined manner, TITLE (SPECIFY) MEDICAL EXAMINER SIGNED ADDRESS 46 4 QIII WILL ST	2-12-04 avrida
BP DHMH-17 (VR A15 ME (5)) 15M 2/90	(5	JRIAL, CREMATION, REMOVAL PECER'S UNITED JUNETAL DIRECTOR JUNET	236. DATE Feb. 14,84 New Bridge Baptist Cem. Colora Cec. Feb. 14,84 New Bridge Baptist Cem. Colora Cec. Feb. 15 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984 FEB 1 5 1984	i 1 Mrd

The state of the s

7 14	1 - STATE REGISTRAR		. NO.							
3 75	1. DECEASED NAME	EANOR	ALLEN	200	RAK	2a. DATE OF DEA	TH MONTH	7-84	734	
	SEX EMALE	(RACE	5. DATE C	F BIRTH	6 AGE (INYEARS).	AST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN	
123	TE BIRTHPLACE (S		U.S.A.	MARRIE		- HARFOX	TY OR COUNTY	INTY	^	
by the filled	FALLST	in N	11. NAME OF HOSPITAL, N UF NOT IN SUCH FACILITY, GIV FLLS TON G	ENERA	HOSPITAL	120. USUAL OCCU	OST OF WORKING LI		F BUSINESS C	
filled in	USUAL RESIDENCE	(IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDENCE 13c. CITY O	E BEFORE ADMISSION) R TOWN RF	134 INSIDECITY LIMI YES X NO	4704MA	ESS Ba	Ito.MD.	21206	
mpletely ohd 2 sh	Thomas	N	AIDDLE LA	ilen	15. MOTHER'S MAIDE Willia	amina		LAST	re	
n ond co	160 WAS DECEASED (YES, NO OR UNKNO		WAR OR DATEST . 7	10-164d	17. INFORMANT THOMAS DI	ORAK 2401	STONEY,	BROOKE	0/210	
physicio popers movol.	18 CAUSE OF PART I. DE		y ane cause per line for (a), DBY:	Sentil	Short	12		BETWEEN O	MATE INTERVAL DINSET AND DEAT	
ending p e corbon n, or rem motic eve	276	2765 DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b)								
hot the de by the off ase remov 1, cremotic	gove rise cause (a),	to immediate	DUE TO, OR AS A CON	Beh	esdede			10.69		
quires the signed the plee to burio		er significant co	onditions <u>contributin</u>	IG TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIV	VEN IN PART 110	, k	
hos been been been been been been been bee	NOT STATE OF 190 DATE OF 210. ACCIDENT	OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTI	S, WERE FINDIN FYING CAUSES	GS USED OF DEATH?	
CLAN. TI 9. physicis estiticate and inspirate en 18 ste	00.00.170.01171	WAS UNDERLYING UNDERLYING CAUSE OF DEAT	H .	H DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER NATURE C	F INJURY IN ITEM 18.	PART I OR PART 2)		
ortendio ortendio ter the o tand Me	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME: STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
R ATTE DIN hospital of IRECTO: hed for ept. of H all tem 21 i ma			al) attended the deceased	200	nd that in (my) (our) op	inion death accurred an	the date and had		that (I) (we) lo couses stated	
0 5 0 0 7		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/1/84								
TO HOSPITAL TO FUNERAL should be deter with the State MAPORTANT:	AN	PREW 1	Nowakon	esky MD	22. ADDRESS	N. MA1.	N 57.	PEL !	911, m	
BP	23a BURIAL, CREMA (SPECIFY) Buri	ation, removal	23h DATE 2/10/84		emetery or cremativet Cem.	ORY 23d. LOCATION	imore,	Marylan	d STATE	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIREC	TOR	, Inc., Balti	DRESS LMOre, Ma	ryland F	EB 8 1984	TRAR 26 REGIS	TRAR'S SIGNAT	URELY.	



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by

etoined by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon populity with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removel.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	REGISTRAR		REG. NO.							
	CEASED NAME FIRST	M	DDLE	LAS"			20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
LIAME	E OR PRINT!	Paty	ovellA	Ca	11.	dt		2 2	24	
3 SE	x	14 RACE	0.00174	5. DATE OF	BIRTH	01	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2
3.50	7	1. 1.7.0.2	1.	MONTH	DAY	YEAR			ONTHS DAYS	HOURS
1	remote	Whi	re	5	31	10	73	YRS.		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 AAA DDIED	NEVER M	APPIED T	9 BALTIMORE CITY O	COUNTY C	OF DEATH	
	Maryland	U	I.S.A.	WIDOWED		ORCED	HArt	ord	Count	У
10_01	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME OR			120 USUAL OCCUPATION	NC	12b. KIND C	F BUSINES
FE	- 11 1	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	11	11	TYPE OF WORK FOR MOST O		INDUSTRY	0 5
	4/13+0N	1 FA/ISTO			TOPIT	4	Ret Oper	ator	C	& P
13a. S	AL RESIDENCE (IF NURSING HOVE STATE 136 COL	JNTY	13c. CITY OR TOWI	ADMISSION)	3d. INSIDE CI	TY LIMITS?	134 STREET ADDRESS			
1	Maryland Wor	cester	Ocean Ci	ty	YES	NO 🗌	106 Clam	Shell	Rd. 2	1842
HL-FA	ATHER'S NAME			1	MOTHER'S	MAIDEN NA				
10	Andrew	M	Desaton			FIRST	WIDDLE		LAS	
/			Burton			Mary	J.	00 000		gel
libo V	WAS DECEASED EVER IN U.S. A (YES, 10 OR UNKNOWN) (IF YES, E	GIVE WAR OR DATES)	166 SOCIAL SECUI		7 INFORMAL		ean CityADDRE		2184	
-	NO		212-05-1	087	Josep	h T. G	aygardt 106	Clam S	Shell	Rd.
CERTIFICATION	PART 2 OTHER SIGNIFICAN		INTRIBUTING TO D			0.0	200 AUTOPSY?	20b. IF YES, V	N IN PART 110 WERE FINDING CAUSES	NGS USED OF DEATH
1 =					4.0	ME	YES NO	YES		NO 🗆
2	210. ACCIDENT WAS UNDERLYING	110110 4 1		Y DEARS	NEWDW IN	JURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
X	OR CONTRIBUTING CAUSE OF D	EATH		19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	MALLINA		III. LOCATIO	N	CITY OR TO	A/NI	COUNTY	51/
Ž	WHILE NOT WHILE	AT HOME. LIRE	EF FACTORY, OFFICE, F	ARM ETC	STREET		CITA ON LO	7.14	COOMIT	517
	AT WORK AT WORK	alkal) aktor dad ali	- danage 1 f -	- (Mrs .	VA	- 'L -	7- "	84	ab-a car c
	220.1 certify that (I) (this has		2 - 19 8	74	that in (mu)	(our) opinion	death occurred an the do	te and house	/	that (I) (w
	saw the deceased alive above, (1) (we indicate alive	not view the body o	ofter death.			(our) opinion	acom occurred an me ac	ire and naur c		
	22b. SIGNATURE	hefate	in 1	M.S	GREE A	TTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	22t. DATE	SIGNED
	226 PHYSICIAN'S NAME ITYPE MURLI	LATHU	R, Mo	2	1305_	Fills 1	on Rd Fall	Eston 1	md-	2104
	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	AME OF CEA			236 LOCATION			
	(SPEC#Y) Burial	Feb 6	1984 Ga	ardens	of Fo	ith	Baltimo		Mary	land
24_FI	UNERAL DIRECTOR	4-00	1 704 48	Tachs	OI Fa.		E REC'D. BY REGISTRAR			
	NIA MAS	ale Two	Baltimo	no Ma.	E an Essa	FE		Sal.	Q	Calvie
	Leonard J. Rue	ok, inc.	DOT (TIMO)	re, Ma	CA TSRIIG	IC	00 804	1000	~	

DHMH - 16 50M 4/82 (VRA 15, 4)

services Vergenram Gases City x years and and company THE PROOF OF THE P Burnel to an ired 1981 to a latter Leonard J. much. Inc. caltimore, margiand

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO 20. DATE KNOWN HOUR $\Box x 2-20$ 84 10 aM 19 30 10 84 9 BALTIMORE CITY OR COUNTY OF DEATH Harford USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HOME FEENEY 4404 CEIFTON SPRING CT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO [STATE COUNTY

ADDRESS 464 Alliance St. Havre De Grace, MD 21078

& FERRIS CRATIN

WEST CHESTER CHESTER PA. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SIGNED

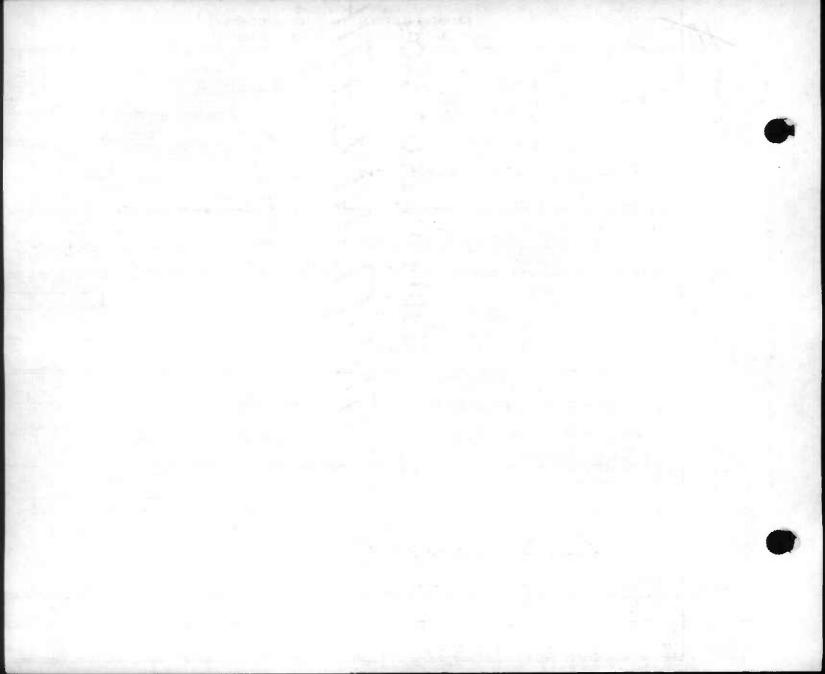
III MCCOMAS ABINGDON, MARYLAND

BP

DHMH-17 (VR A15 ME (5) 15M 2/80

24. FUNERAL DIRECTOR

REGISTRAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mercained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	IMPORTANT: If Hem 21 is marked at Item 18 that pay injury, or other traumotic event, the medical examinism and that once
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this c should be detached for use as the bur with the State Dept. of Health and Me	IMPORTANT: If Hem 21 is marked or II

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		3. NO.		
		CEASED NAME ORPRINT)	Mary		L.	14	arrell	20. DATE OF DEAT		9 1984	26. HOUR 401 M
	3. SEX	Female	(4)	RACE	iti	5. DATE C		6. AGE (IN YEARS LAS	63 YRS.	FUNDER TYEAR	IF UNDER 2 HRS HOURS MIN.
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2	13a S	AL RESIDENCE (IF NI STATE Hd.	13b. COUNTY		GIVE RESIDENCE BEFORE	NA .			SS/ZIP CODE		t. 21078
		JAMES	W.		SCOTT		15. MOTHER'S MAIDEN NA. FIRST FANNIE	F.		REA:	
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		BURIAL, CREMATIO (SPECIFY) BURIAL	N, REMOVAL	236. DATE 13FEBRUA			EMETERY OR CREMATORY MEMORIAL GARDENS	23d LOCATION CITY OR TOW ABERDEEN	HARFORE	A Contract	L/O 78
		UNERAL DIRECTOR		PA, HAVE	ADDRESS RE de GRACE	, MD.	21078 FEBA	15984	Mais Dan	A Digital and a second	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

etoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove corbompopers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other troumotic event, the

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4901

DECEASED NAME [TRI] MODIE [AS JOURN] 3. SEX M 3. SEX M 4. BRITHACE 11 AND OFF DEATH MODIE 12 AND OFF DEATH MODIE 24 BRITHACE 11 AND OFF DEATH MODIE 24 BRITHACE 11 AND OFF DEATH MODIE 25 BRITHACE 11 AND OFF DEATH MODIE 24 BRITHACE 11 AND OFF DEATH MODIE 25 BRITHACE 11 AND OFF DEATH BUT OFF DEATH MODIE 25 BRITHACE 11 AND OFF DEATH MODIE 25 BR	١	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO.		
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ANDLE AN	1	Md. Harf		l Y	ES NO K	1600 Hollings	sworth Rd.	21085
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220.1 certify that (I) (this hospital) attended the deceased from		OR CONTRACTOR CONTRACTOR OF OF	HOUR A.M. MONTH	DAY YEAR	THE PERSON OCCUR	TENTER PROPERTY.	,	
220.1 certify that (I) (this hospital) attended the deceased from		(IF EITHER, NOTIFY MEDICAL EXAMINER			If LOCATION			
27a. I certify that (this hospital) attended the deceased from The Course of the deceased from The Course of the deceased alive on above. (I we) (did) (did not) view the body after death. 27a. I certify that (this hospital) attended the deceased from The Course of the deceased from Th		ANNIE NOI WHILE			STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive on obove. Of well did (did not) view the body after death. 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC	ı	AT WORK — AT WORK	ital) attended the/deceased fo	an Gal	20 10 84	1 Pd. 22	10 84	that (I) (wa) last
2726. SIGNATURE 2726. SIGNATURE 2726. SIGNATURE 2726. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		saw the deceased alive on	2/22	84 , and 1	hat in (my) (our) opinion d	leath occurred on the date on	d hour and from the	
22d. PHYSICIAN'S NAME (IVPE OR PRIN) Albert Sun, m.D. 120e ADDRESS 1800 Harford Rd. Fallston House 130e. BURIAL, CREMATION, REMOVAL 123b. DATE 123e. NAME OF CEMETERY OR CREMATORY 123d. LOCATION			it) view the body ofter death.		GREE		22c. DATE	SIGNED.
Albert Sun, m.D. 1800 Harford Rd. Fallston Hour		aller	o dun !	und	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [2/6	22/84
236. BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION		224. PHYSICIAN'S NAME (TYPE C	0		2e ADDRESS	0 1	500 1	2/1/2
236. BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION		Moert	SUN, m.Z)-	1800 14	artord Rd	. Paust	in coy
		23a. BURIAL, CREMATION, REMOVAL	23b. DATE 2/27/81		ETERY OR CREMATORY	23d LOCATION		Mar.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Arnold Beard 353 Fountain St. Mavre de Grace

50. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FFR 29 1984 Julia Davidson-handale

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/	4 moy	B	ofter deal
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may	retained by the hospital or otherding physician.	I.O. FUNEXAL URECTORS after mis some page of the property of the property of the property meaning property of the property meaning property of the property of the purior property of the property of the purior property of the property of t
DIVISION OF VITAL RECORDS, 2	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires	etained by the hospital or ottending physicion.	I.O. FONEKAL URKELLOR: Anter ins central recognitions to some adjustment of the place by the distillation pryster, should be detached for use as the burial-intensity permit. Then places remove corbanical with the State Debt. of the Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

2

1 -	STATE REGISTRAR			DEPA	CERTIF	ICATE OF DEATH	GIENE	REG. NO				
	CEASED NAME	FIRST		AIDDLE	t.	AST	20. DATE OF D			DAY YEAR	2b. HOU	R
(TYPE	OR PRINT)	len	Eli	na	Hil	.1	F	eb.	14,19	84	1:05	PM
3. SE)	(4	RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTH		FUNDER I YEAR	IF UNDER	24 HRS
	Female		Whit	е	Jul	y 27, 1913	70		YRS	MONTHS! DATS	HOURS	MIN.
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	TY OR TOWN OF DEA hiteford	ATH 1		OSPITAL, NU		OR OTHER INSTITUTION	120. USUAL OF TYPE OF WORK I Homes	OR MOST OF		12b KIND C INDUSTRY	F BUSINE	SS OR
130. S	AL RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE E	TOWN	13d. INSIDE CITY LIMITS? YES NO	13986 1	Deep :	Run R	a. 211	160)
14. FA	THER'S NAME Victor	м	IDDLE	Mannin	g	15. MOTHER'S MAIDEN NA AMATia	AME	MIDDLE		Kakkoń	ën	
	VAS DECEASED EVER		NED FORCES?		2-9216	17 INFORMANT Matthew Hill	1900]	Deep		D, Whi	tefor	d,Mc
TION		nediote ag the last. NIFICANT CO	ONDITIONS CO	ONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TER		OR COND	ITION GIV	EN IN PART 11		
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×	AT WORK AT WO				1125	2 10 79		2115		19 8 4	Above (1) to	
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	22b. SIGNATURE	ome	Ols	0	1 35	MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI		22c. DATE	SIGNED	4
	22d. PHYSICIAN'S N.	ME (TYPE OR ne Ol:			377	Webb Lane,	Fawn G	rove,	Pa.,1	7321		
23a E	BURIAL, CREMATION,	removal on	Feb. 1	5,1984		EMETERY OR CREMATORY & Ferris	West		er	Cheste	r I	à.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

MPORTANT: If hem 21 is morked or them 18 shaws ony injury, or other troumotic event, the medical

24 FUNERAL DIRECTOR
John Harkins

600 Main St.

Delta, Pa

executed within 24 hours after deat

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

completely filled in by

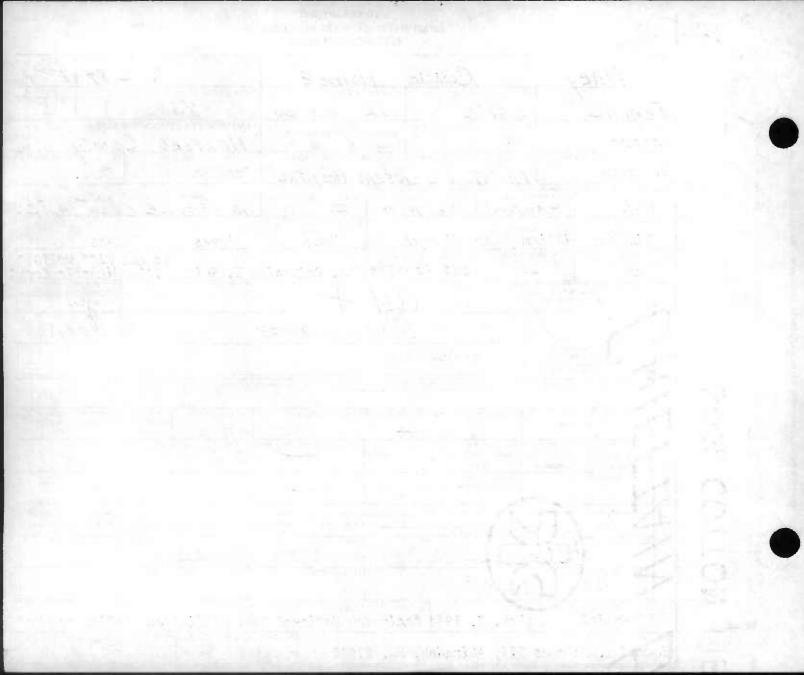
FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CERTIFI	CAIL OF DEATH	REG. N	Ю.		
1		EASED NAME FIRST	A	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L		MARY		Cecilia		DIDER		d	284	1
	S. SEX	. /	4 RACE		5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	# UNDER 2
	Es	EMALE	Whit	E	12	03 00	8-	yrs Yrs		
21	a BIR	THPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
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	Fa	V OR TOWN OF DEATH LLSton	FALLS	TON GE	NERA	1 Hospital	120. USUAL OCCUPAT TYPE OF WORK FOR MOST Realtor	DF WORKING L	IZE KIND E INDUSTRY Prop	OF BUSINES
33	13a. 51	RESIDENCE (IF NURSING HO)	OUNTY FOROL	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ILE	court	Apl
20		THER'S NAME Timothy Wil	liam Lea	0'Haye	r	15. MOTHER'S MAIDEN N. Mary	Agnes		Peters	51
~	6a. W	AS DECEASED EVER IN U.S	. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESE	. + 11:00	Md21
e med	(1)	NO (IF YE	S. GIVE WAR OR DATES)	215.28	-5974	Mrs. Catheri	ine E. Smith	, 163	10 miche	lle c
÷ ;		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per			7		4.1	BETWEEN	ONSET AND D
- ×	H		DIATE CAUSE (a)		151				70	0
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room		Conditions, if any, whice gove rise to immediate			1100	wy !			5.00	P
her		cause (o), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
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lory.	Z	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GI	IVEN IN PART I	0
huo Ma	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
5 9	LIFIC						YES NOT		IFYING CAUSES	OF DEATH
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3		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	AY YEAR					
P. Fe	EDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR T	OWN	COUNTY	ST
ked	ž	WHILE NOT WHILE T	[AT HOME, STE	REET , THE LORY-OFFI CE, F	ARM, ETC)	STREET	CITYON	244	COUNTY	517
a o		22a.1 certify that (I) (this I	iospital) attended th	e deceased Iram_			, to		. 19	that (1) (w
21 is		saw the deceased aliv	e on	atter death	, one	d that in (my) (our) opinion	n death occurred on the	date and ho	our and from the	causes stol
E	1	abave, (1) (we) (did) (d 22b. SIGNATURE	o non view the body	uner dearn,	D	EGREE			22c. DATE	SIGNED
<u>-</u>	-	268	Van			ATTENDING PHYSICIAN	MEDICAL STA			
Z		224 PHYSICIAN S NIAME I	YPE OR PRINT)	0		22e. ADDRESS				
IMPORT		VIC	VASSA	10						
3	23a. B	URIAL, CREMATION, REMO	VAL 236 DATE	23c. 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION			
	(5	Burial Burial		, 1984 A	rlingt	on National	Cem. Arlin	gton	Arling	ton .
		NERAL DIRECTOR					ATE REC'D. BY REGISTRA			
/82	Ho	ward K. McCoi	nas III. A	bingdon.	Md. 2	1009	EB 6 1984	00		
				- /			LAW	I ""		

DHMH - 16 50M 4/8 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4904

ı		REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.			
Ì		EASED NAME	FIRST	A	AIDDI E	l.	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR	Rac
ı	(TYPE (OR PRINT)	Jessi	e	NMN	1	tuff			Feb	1 1984	5	PW
1	3. SEX		4	RACE		5. DATE C		VF + D	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS 1	24 HRS
1		Male		Blac	IC .	WONTH	S	YEAR	71	YRS.		HOURS	201 01-11.
ı		RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8.	NEVER M	APPIED [9. BALTIMORE CIT	OR COUNT	TY OF DEATH		
4		ALA	,	U5	A	WIDOWE		ORCED			tartord		MD.
7	IO CIT	YOR TOWN OF DE	ATH 1		OSPITAL, NURSI		OR OTHER INST	ITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING	LIFE) 12H KIND C)F BUSINES	SS OR
		L RESIDENCE (IF NUR					1,10				-7	100	100
	130 S	Md.	13) COUNT	ord	Abura	een		NO 🗌	13e STREET ADDRES	Third	t SF.	00	2
1	14 FA	THER'S NAME	M	DDLE	, I LAST		15. MOTHER'S	FIRST	ME MIDDLE	F	LAS		
4		ABE			HUFF			3/A		DDECC	Kε	114	
١		AS DECEASED EVER		ED FORCES? WAR OR DATES)	16b. SOCIAL SEC		17. INFORMAL	NT 6	AD	DRESS	5/1)	
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1		PART I, DEATH V			Profession of the	nd (c).1	1.0	1)	who a	atte	APPROX	ONSET AND D	DEATH
ı	-	TAKIT. DEATH V	IMMEDIATE		11410	can	dua	//	rojavi	nio	1		
1		4108		DUE TO D	S ACHTEQU	JENCE OF	1	4	/				
ı		Conditions, if ony		190	13 (20	().						
ı		gave rise to im cause (a), stati	ng the	DUE TO, OF	RAS A)CONSEQU	JEN CENOF			2 1		1 100		
1		underlying cause	e lost	(c) /	an	Loa	16	enge	DX.				
	7	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CC	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	o	
3	CERTIFICATION	IN DATE OF OPEN	MON	TIAL CONDI	TION FOR WHIC	U ODERATIO	NAMAS DEDECT	DAAED	20s AUTOPSY?	Tank IE V	res, were finding	NCE HEED	
	S.	190 DATE OF OPERA	ATION	198 CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFO	KMED		IN CERT	TIFYING CAUSES	OF DEATH	H?
4	ERT	21a. ACCIDENT WAS UN	IDERIVING 🗖	21b. TIME O	E INTHIDY		Tale HOW IN	ILIPY OCCUPE	YES NOL		YES []	NO [
		OR CONTRIBUTING	the same of the sa	110110 4	M. MONTH	DAY YEAR	ZIC HOW IN.	JORY OCCUR	RED (ENTER NATURE OF	NJURY IN HEM TO	B PART I OR PART 2)		
1	CA	(IF EITHER NOTIFY MED		P./		19							
	MEDICAL	21d. INJURY OCCUR		21e PLACE (OF INJURY EET, FACTORY, OFFICE	FARM, ETC)	21f LOCATIO	IN	CITY O	RTOWN	COUNTY	51	1 ATE
1		AT WORK AT WO	ORK					71			e i	1-11	
1		22s. I certify that (I		il) oftended the	e deceased from	VIL V		. 19_ 8	, to			that (I) (w	
1		sow the decea	sed alive on _		Ger death.	7.5		(our) opinion (death occurred on th	e date and he			ted
		226. SIGNATURE	-/	1	00		DEGREE	TTENDING _	MEDICAL S	STAFF	the ONE	SIGNED	, ,
		0	-	De	ac.		P	HYSICIAN [DIRECTOR PHY	SICIAN	//	184	1
		224 PHYSICIAN YN	AME (INFOR	WHAT!			22e ADDRESS	5	2000 1	21. 6	1900	2	0.
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		URIAL, CREMATION SPECIFY)	REMOVAL	JOH DATE	230	NAME OF C	EMETERY OR C	1) 0	23d. LOCATION CITY OR TOWN	4	- JEDWITY	14	TATE /
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	24 FU	NERAL DIRECTOR	.1	0 -	ADDRESS	100	11.1	290. DAT	E REC'D. BY REGISTR	AR 25b. KEGI	STRAR'S STANA	The	4
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DHMH - 16 50M 4/83 (VRA 15, 4)

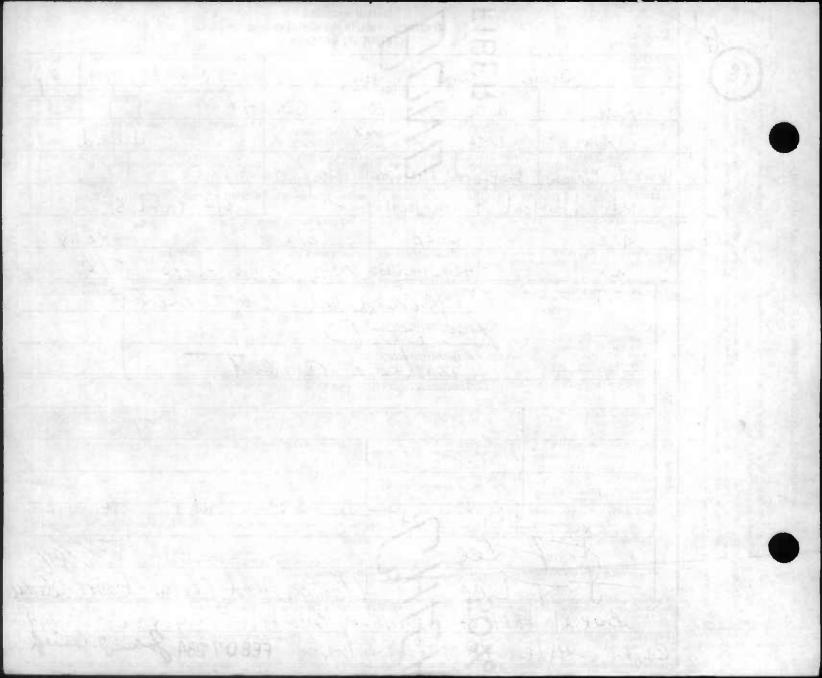
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages I and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT; If Hem 21 is marked at Hem 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital at ottending physician.



DHMH - 16 50M 4/83

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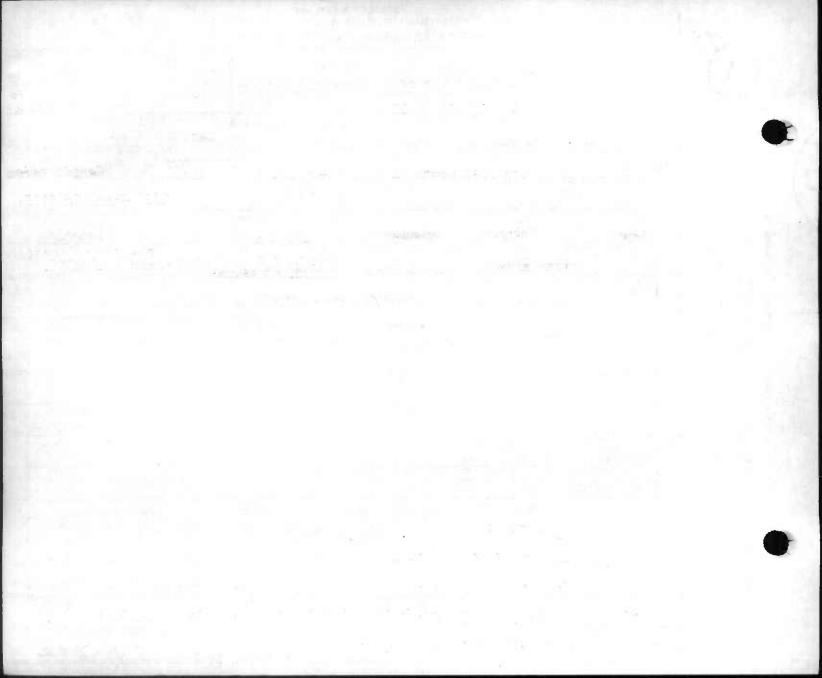
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE)
CERTIFICATE OF DEATH

5

						REG. N			
	CEASED NAME	FWST.	WIDDLE	LA	AST	20 DATE OF DEATH	ниом (DAY YEAR	26 HOUR
(30	(OFFENS)	Ma	e Hasson	H	utchens	Fel	2. 2.	3 1984	7:50
3.58	x	11100	L RACE	5 DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
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	///d.		y. J. A.	WIDOWE	DIVORCED	Mar	ford	130	M
10.0	CITY OR TOWN OF I	EATH	11. NAME OF HOSPITAL, NUR		PROTHER INSTITUTION	12a USUAL OCCUPATI		176 KIND D	HUSINESS OF
Ilte	VRE de G	race	1 1 1	norial 1	Hospital	School Bus	Drive	+ 1	e.T.
OSE	STATE	Tak COU	DIHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION!		La CERCEE APPRECE	710 CODE	12/1	411
100	mi	1000	LU CITY OR TO	J. J. W.	YES TO NO M	700 R'CO		wa.	111
14. F	THER'S NAME	11.00	11 11/1/9	24.1	15. MOTHER'S MAIDEN NA	1	7	-3	
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	II CAUSE OF DE	ATH Enter o	nly ane cause per line ar (a), (b),	and ic ?	B1. 0 7	7	Cds	BETWEEN	ONSET AND DEATH
	PART I. DEATH		TE CAUSE (a)	mac	- arly	ma +	Core	mac	1
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No	underlying co	immediate oring the use four.	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TERM	ninal disease or con	DITION GIV	EN IN PART 11	0
ATION	PART 2. OTHER S	immediate oring the use lout.	CONDITIONS CONTRIBUTING T	O DEATH BUT					
FICATION	underlying co	immediate oring the use lout.	1 10	O DEATH BUT		20a AUTOPSY?	206 IF YES	, WERE FINDII	NGS USED S OF DEATH?
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3. SE	M	4. RACE W	5. DATE OF BIRTH MONTH DAY	12 7	(IN YEARS IF UN IRTHDAY) MONTE 1 YRS.		MIN. PRONC	TE DUNCED AD	MONTH 2	10 ₁₉ 84	2d HC
FC	IRTHPLACE (S PREIGN COUNTRY)	N.C.	USA	T COUNTRY?	8. MARRI WIDOW	ED NEVER MARR	ED Ha	rford			
St	ity or town		11. NAME OF HOSPI (IF NOT IN SUCH FACIL BOX 3511	ROUTE #	2 Mill	Green Rd.	Carro	UPATION (TYPE NCCH ^{EE)} ired		or industry	1
13a. S	MD_	13h COUN	r other institution, give IY ford	RESIDENCE BEFORE AD 13c. CITY OR TOV Street	omission) VN	13d INSIDE CITY LIMITS? YES NO P	as above	MIVI	l Gree	en Rd 21	154
1	ATHER'S NAME	Č.	Unknown	last		15. MOTHER'S MAIDI FIRST Blanch		MIDDLE	I	ingool,	,
{Y	ES, NO, OR UNKNO	रिरेटे रर	AED FORCES? WAR OR DATES) RELIGIOUS PER LINE FO	217-03-	1994	Ronald J	Ingool 4	ADDRESCO	urdiss en Mar	ble Rd.	024
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W	death result	y that I took charged from: Natur	e of the remains descri	ibed above, held accident ,		Hamicide , TITLE (SPECIFY) D. Deputy	n Inqui Undetermined MEDICALEX 11iance	ry , ond manner ,	DATE SIGNED_	2-10-8	
(:	URIAL, CREMA SPECIFY) Burial	TION, REMOVAL 23		23c. NAME OF		address 404 A R CREMATORY Cal Garden		٧	rford	2107 Md.	8
	uneral direction on the contract of the contra		s III, ADDRESS	ngdon, M	ld. 2100		REC'D. BY REGIST	RAR 25b. REGIS	TRAR'S SIGI	NATURE Mandall	



		FOR \	589 3/14/8	DEPARTA		OF MARYLAND ALTH AND MENTAL HY	GIENTS A O O	
		STATE REGISTRAR				CATE OF DEATH	REG. NO.	-
		OR PRINT) ESTE	4.	AIDDLE	lenn	Fer	February	1984 3
4	3. SE	Female	Bla.	cK	S DATE OF	BIRTH YEAROL	4. ACE (IN YEARS LAST BIRTHDAY) 72 YRS	MUNDER I YEAR IF UNDER
33	70 BI	RTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Collified	10. SI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSIN E) INDUSTRY
edysthe	USU/ 130 S	AL RESIDENCE (IF NURSING H	ome or other institution. COUNTY ariord	GIVE RESIDENCE BEFORE 13. CITY OR JOW Havre De	race	13d. INSIDE CITY LIMITS?	13-SIREET ADDRESS (ZIR CODE	St. 21078
xo	14. FA	THER'S NAME Benjamin	MIDDLE	Cain		15. MOTHER'S MAIDEN NA Perrin		LAS1
medicol	lốa V	VAS DECEASED EVER IN U	S. ARMED FORCES? res, give war or dates)	218-18-2		17 INFORMANT Christine Wi	ADDRESS lliams 355 Wilson	St. HDG,
ury, or ather traumoti	2.	underlying couse lo	ch (b) (b) DUE TO, Q	RASACONSECTION	not of u	le comp horay	ellem,	IN IN PART LING 15
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

490

	EGISTRAR				CERTI	FICATE OF DEATH	REG. N	10.		
	ASED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH		YEAR	26 HOUR
TIME OF		towar	J I	seah		Johnson	Fe 1	22 19	184	10:10 M
I. SEX			RACE	1		OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) # UNDER	1 YEAR	IF UNDER 24 HRS
	MALE		WHITE		MAR		66	YRS MONTHS	DAYS	HOURS MIN.
e. BIRTI	HPLACE ISLATE OF	OKEGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8.	У	9 BALTIMORE CITY		TH	
	RYLAND		USA		WIDOW	ED NEVER MARRIED DIVORCED	Horto	1		MD.
	OR TOWN OF DEA	TH	1. NAME OF		JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
Have	e Lo Caras	0	LIF NOT IN SUC	Mem	///	focostal	FOREIGN MATER		JSTRY	COVT
	RESIDENCE OF MURS			GIVE RESIDENCE	BEFORE ADMISSION				DLINAL	. GOVI.
IDS. STA		HARFOR		13c. CITY OR	de GRACE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	912 EUGENE	np.	21078
-	ER'S NAME	1000 01		THATTL	OC GIVICE	15 MOTHER'S MAIDEN NA		JIZ LOGLINE	. DIT.	210/0
	ROBERT	M	10011	John		FIRST	MIDDLE		IPPS	
de WA	S DECEASED EVER				SECURITY NO.	17 INFORMANT	ADDR		ori. C)
(983)	ND ON LINKHOWN;	1#16KGM	WAR ON DATES!	218 07		MRS. MARGARET C	MUSINHOL	SAME AS #1	30	
-	CAUSE OF DEAT					MIND: MANGAINET C	30/11/30/1			AATE INTERVAL
HON	ART 2 OTHER SIGN	lost.	cen	THE WALLENG	escul	LOO CE CENTRE TERM WAS PERFORMED	4-3	DOITION GIVEN IN PA	FINDIN	GS USED
	Le. ACCIDENT WAS UNE	The second second	TIE TIME OF		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I ORP.	ART 2)	06 14
3	SECUNTRIBUTING (CELEVINE)		P.1		19					
뷫 .	MILE THOUSAND		ZIE PLACE C		PER FARM ETCS	ZII. LOCATION	City OR TO	INO) NAC	NTY	STATE
1	saw the accept above to be	DALLES HARRY	the body		0.00	19 and that in (my) (our) opinion o	, to deoth accurred an the d			hat (1) (we) last auses stated
	N TURE X	le !	Myr.				MEDICAL STA	AFF CIAN	MATE:	24
1	AMA	1 KAU	31 /	y.D.	Э	9 So. Chr.	ion Me	Holy	40	21078
Je BUS	HAT CREMATION,	IAVOMES	21h DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY		STATE
	BURIAL		25FEBRUA	RY84	HARFORD	MEMORIAL GARDENS	ABERDEEN.	HARFORD CO.	. MA	RYLAND
	ERAL DIRECTOR CHELL FUNER/	AL HOME	PA, HAVE	RE de GR	AČE, MD	21078 Z5a. DAT	B 27,1984	gena Davidos	S-M	Hall.

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNESAL DIRECTOR: A should be deteched for use with the State Dept. of Heal IMPORTANT. If them 21 is mi

Maria Maria Laboratoria de Calendario the same product of Company when I want my end colored breakfround of the section in the man to the James & British William & Starte Comment

Jarrettsville, Md.FEB

FOR - STATE

REGISTRAR

NAME

(VRA 15, 4)

Gladden Kurtz

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

1-	STATE REGISTRAR		DEPARTM		CATE OF DEATH		NE O 4	9 1	0	
	CEASED NAME	iles	Harding	LAS	Tones	2	O. DATE OF DEATH	A A	DAY YEAR	25. HOUR 4.5
3. SEX	Male.	4. RACE	asian	5. DATE OF	DAY YEA		AGE (IN YEARS LAST B		MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FO	REIGN 7b. CITIZEN OI	S. A.	8. MARRIED WIDOWED	NEVER MARRIE	D 🗆 9	BALTIMORE CITY		_	MI
10. CI	el Air		HOSPITAL, NURSING CHEACHLITY, GIVE STREET A		10		20. USUAL OCCUPAT TYPE OF WORK FOR MOST Farmer			F BUSINESS OR
13e. S	Md.	G HOME OR OTHER INSTITUTIO 3b. COUNTY Harford	Jarretts	vill	36. INSIDE CITY LIM		3 STREET ADDRESS 3153 Roc	cks Cl	21 hrome	.084 Hill R
	THER'S NAME FIRST Andrew	MIDDLE	Jones		S. MOTHER'S MAID		MIDDLE	orec.	Powe	rs
	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-12-	-8915	Alice 1	L. J	ones	same		DOVE
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stoting underlying cause PART 2 OTHER SIGNII 196. DATE OF OPERATION	which (b) DUE TO, (c) LOST. (c) LOST. (c) LOST. (d) LOST. (d) LOST. (d) LOST. (d) LOST. (e) LOST	OR AS A CONSEQUE	NCE OF EATH BUT N OPERATION	WAS PERFORMED	(No	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	NGS-USED
MEDICAL CE		USE OF DEATH LEXAMINER) D 21e PLACE (AT HOME. S his hospital) attended t olive on 1) (did eqt) view the bod	.M. OF INJURY TREET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC) Ond	21f. LOCATION STREET	ppinion de	to CUTY OR TO	OWN date and hou	COUNTY	
	BEN	OFFE	YZA		1131 FA	TIM	VPE PIKE	BER	AIR V	nd. 210
- (URIAL, CREMATION, RESPECTEY Buri INERAL DIRECTOR NAME Gladden	al 2/16	10 001	illia	rcb	rs	23d. LOCATION CITY OF TOWN COOD TO	m, H	COUNTY BREGORD RANGHAM	STATE Md

BP DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral destrouds to use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medico

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H. Jandier Hurra Carresteville, Mr. B 15 284 January Reserved

		CEASED NAME HIST	WOOLE	TALT	28. DATE OF DEATH MONTH	DAS YEAR TO HOUR
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	1. SE	· (4. RACE	S. DATE OF BIRTH	AGE IN YEARS LAST BRIDGAYS	MONTHS SAYS HOURS MAKE
War Comment	/	WITHPLACE ISSAIR ONFOREIGN	W	- 20 ST	0/ 18	s I
7 655	76.0	SAN D	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	HARFORD COUNTY	
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E 19 80	HA	VRE DE GRACE	CITIZENS NURS		HOUSE WIFE	STALL INDUSTRY
The state of	850 De.	AL RESIDENCE IF MURLING FOME OF	CITY OF TOW	N 134 INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP CO	QOE
	U E	ATHER'S NAME	12 YEKKYL	IS MOTHER'S MAIDEN NA	417 E. EL	M 21903
d will	111	1. 70015	-10011 PINN	COPA	C MODEL EL	HITE IM
10 00 00 00 00 00 00 00 00 00 00 00 00 0		WAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRESS 2	DEZOVILLE
- Pop		TES. NO GREWHOUSE IF TES. ON	2/3 76	2820 W. PAU	L KEEN	MD
oper oper		IN CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	by one couse per lipe for iai, foi, an	die.	1111	METWEEN ONSET AND DEATH
0.00		TO CONTRACT THE SAME AND ADDRESS OF THE SAME AND ADDRE	ECAUSE IN LEW GOOD	requireconst	arlure	
a con on o		Conditions, if any, which	DUE TO OR A CONSEQUE	INCE OF		
1001		gove rise to immediate	DUE TO DR AP CONSEQUE	1 A	0.	
t eith		underlying couse lost.	1 DRC	O Continols	guy fords	ind
Ngner her pl to buri	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NAUDE ASE OF CONDITION	GIVEN PART THE
11117	CERTIFICATION	19a DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
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1000		TIE. ACCEDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI	Committee and the second of th	AY YEAR THE HOW INJURY OCCUR	RED (INTER HATHE OF PHILIPS PHILIPS	III. PART I CHEPART 2)
	MEDICAL	THE BURN NOTEY MEDICAL EXAMPLES 214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
t to an	ME	WHILE O NOT WHILE O	(AT HOME STREET VACTORY OFFICE V	ARM, ETC.) STREET	CAY OR TOWN	COUNTY STATE
A A STATE OF A STATE O			tal) attended the deceased from_	19		that (h (we) last
2962		saw the deceased alive on above, (1) (we) (stid) (did no	t) view the bod ofter death.	and that in (my) (sur) opinion	death occurred on the date and i	
D D D D D D D D D D D D D D D D D D D		27h SIGNATURE	Los	ATTENDING	MEDICAL STAFF	THE DATE SIGNED
4 S 5 5 4		274 PHYSICIANIS LAME (1940	1	PHYSICIAN [DIRECTOR PHYSICIAN	1994
PORT PORT		1	100	Clewon M	red Clinic	Havre do Gra
)	23a. i	SURIAL CREMATION, REMOVAL	and the second of the second	NAME OF CEMETERY OR CREMATORY	736 LOCATION	COLUMN STATE
BP	1	30111112	2-29-84 B	ROOHUIEW	7815/H6 50	UN CEUL M
H - 16 50M 4/83 (VRA 15, 4)	_	NERAL DIRECTOR	METER HORES	SUM MAR	1 1984	Davidson-Randalle
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#5,FilmG589 3/19/84 kam STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

FOR #5,FilmG589 3/19/84 kam STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE

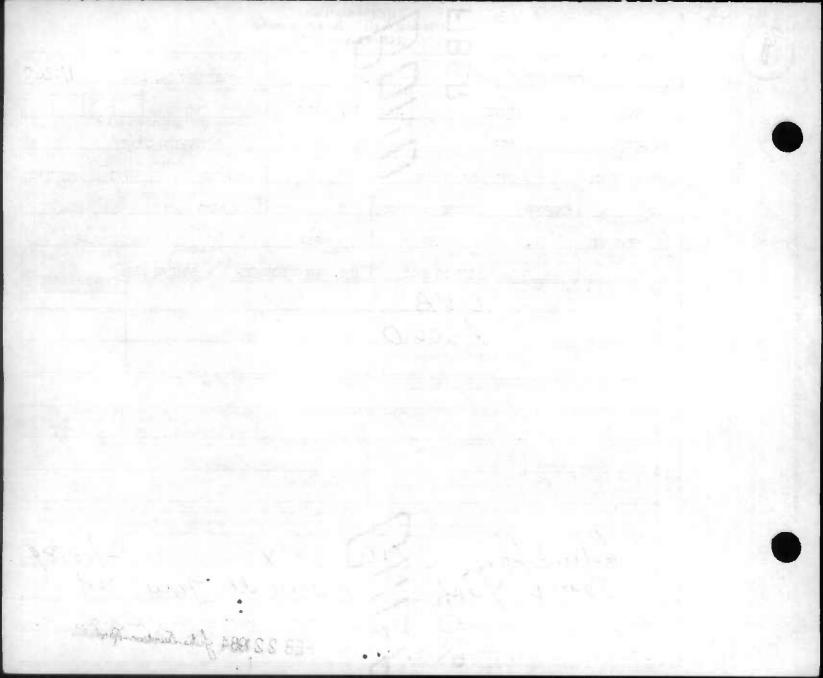
1		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.		
ł		EASED NAME	FIRST	A	AIDDLE	ı	LAST		20. DATE OF DE		DAY YEAR	2h HOUR
١	TYPE	OR PRINT[ERDINAN	D C	ARL	KOH	LER		FEBR	RUARY 18,	1984	1/:30 %
1	3. SEX			RACE		5. DATE C			6. AGE (IN YEARS		MONTHS DAYS	
١		MAKE		WHITE		JULY	16.	1903		80 YR		HOURS MIN.
4		RTHPLACE STATE OF	FOREIGN 76		WHAT COUNTRY?	8			9 BALTIMORE		NTY OF DEATH	
1	- 11.0	JERSEY		USA		WIDOWE		MARRIED		HARFORD	COLINTY	MD
7	-	TY OR TOWN OF DEA	ATH 11	I. NAME OF	HOSPITAL, NURSIN	NG HOME O			12a USUAL OCC	CUPATION	12b. KIND (OF BUSINESS OR
A			1		H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR			E PRACTICE
-		LE de GRACE	HG HOW DR OT		ENA AVENUE GIVE RESIDENCE BEFOR	E ADMISSION)			DENTIS)1	ILKIVAI	E FRACTICE
5		TATE	IN COUNT	4	13c. CITY OR TOW	/N		CITY LIMITS?	13e.STREET ADD			01070
F	-	THER'S NAME	HARFOR	D	HAVRE de	GRACE_	YES X	NO T		NA AVENUE	-	21078
1	1.FA	FIRST	MI	DDLE	LAST			FIRST		IDDLE		AST
4	_	FERINAND	N		KOHLER		-	IARIA		ADDRESS		IESS
		VAS DECEASED EVER		VAR OR DATES)	16b. SOCIAL SECU	JRIIY NO.	17. INFORM	ANI				
		NO			213 38 86	72	MRS.	ANN GRIEN	INGER	SAME AS		
		18 CAUSE OF DEAT			line for (0), (b), or	nd (c).)					BETWEEN	XIMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W	IMMEDIATE		UVH							
		479)		R A A CONSEQU	ENICEOE						
1		10/0	The same	(1271	77						
		Canditions, if any gove rise to imi		(b)	NOUV							
1		couse (a), statis underlying couse	-	DUE TO, O	R AS A CONSEOU	ENCE OF						
				(lc)								
	z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	ED TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN PART 1	10
	CERTIFICATION			Tim cours	TION LOD WATER	ORERATIO	NATIONAL DEDI	OBUED	20a. AUTOPS	V2 1205 IS	YES, WERE FIND	INGS LISED
7	Š	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIC	ON WAS PERI	ORMED		IN CE	RTIFYING CAUSE	S OF DEATH?
-	E									OK	YES .	NO 🗆
ì	1000	218. ACCIDENT WAS UN		21b. TIME C	FINJURY M. MONTH D	AY YEAR		INJURY OCCURI	RED (ENTER NATUR	E OF INJURY IN ITEM	(IS PART 1 OR PART 2)	
	I S	(IF EITHER, NOTIFY MED			м.	19			100			
	MEDICAL	214 INJURY OCCUR	RED	21e. PLACE	OF INJURY	F. D. F. F. C. S.	21f LOCA	ION		ITY OR TOWN	COUNTY	STATE
	×	WHILE NOT W	ORK O	(A) HOME, SI	REET, PACIONT, OFFICE,	PARM EIC)						
		220.1 certify that (I) (this hospito	l) ottended th	e deceosed from.			, 19	, to			, that (I) (we) lost
		saw the deceas		To abob and	19_	. 0	nd that in (m	y) (aur) opinian	death accurred a	in the date and	hour and from th	e couses stoted
		above, (1) (x0e) (22b. SIGNATURE	/)	view the body	oner deom.	_	DEGREE				22c. DAJ	ESIGNED
		last	11.5	1/4		14	0	ATTENDING S		STAFF PHYSICIAN	1 2/	18/84
7	1	2 d. PHYSICIAN'S N	AME (TYPE OR	PRINTI //	9	- 1	22e ADDR		DIRECTOR	THISICIAN	, ,	1
-		1/10	MAI Y	17	/		L	41.1	11	911.	, Who	1
_	_	0 00	MIN L	y	un	11/79	1 K/	une	m	June	1-	/
		BURIAL, CREMATION	, REMOVAL	23b. DATE	1000			R CREMATORY	23d, LOCATK	IOWN	COUNTY	STATE
	1	BURIAL		21FEBR	JARY84	ANGEL	HILL CE	METERY	HAVRE d	e GRACE,	HARFORD CO	D., MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched with the State Dept IMPORTANT, if her

24 FUNERAL DIRECTOR
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

FEB 22 984 FLAR DENDERHAMEN



4 may be

within 24 hours after death.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE	C.		IEALTH AND MENTAL HYG	SIEWE 4 9 1 3	5
1 05	REGISTRAR	MIDDLE		AST	REG. NO.	DAY YEAR 25 HOLIP
	OR PRINT)	MIDDLE		(ASI	2a. DATE OF DEATH MONTH	20.1100%
	Beulo	h P	X	OONCE	teb. 6	1984 10:25 M
3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS
	F	В	MONTH	6 23	60 yrs.	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Miss.	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	1. BALTIMORE CITY OR COUNT Harfor L	Y OF DEATH MD.
Ho.CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C HEAV FOY J M	GIVE STREET ADDRESS)	HOSDI LICL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HOME OF ATTALE 136. COU Harf	NTY ISTITUTION GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS / ZIP COD 63 Liberty St.	21001
14. FA	THER'S NAME Sullivan	MIDDLE	tterson	Is. MOTHER'S MAIDEN NA. Lillie	ME	LAST
160 V	VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17 INFORMANT	ADDRESS	
()	(ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	38-6915	J.C. Koonce	same as above	Vision III
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	inly one cause per line for to ED BY: TE CAUSE (a)	1.15 EPT/0	emia		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	STO2/ Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CO	ONSEQUENCE OF	Thhaabdon TRANSU	ense colon	2 hely
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CO		TICULITIS		4 culy
NO	PART 2 OTHER SIGNIFICANT	(10)	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	Prainas	N P 16	SUSS ,	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ESCORED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MOI	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Υ	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did), die ni	oital) attended the decease n 2 - 6 at) view the body after dea		nd that in (my) (aur) apinion	death occurred on the date and ha	, 19, that (I) (we) last ur and from the causes stated
	22b. SIGNATURE	es	M. I	DEGREE ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	2/2/84
	Amelito P	Canlas		504 Lewis	St. Haure de 6	1000 Mel 21078
	BURIAL, CREMATION, REMOVA (SPECIFY) BUrial	2/10/84		emetery or crematory on National	Arington	COUNTY VALUE
	ineral director cholid Beard 353	Fountain St	######################################		TE REC'D. BY REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. P. J.	TRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires, shat the death certificate be executed retained by the hospital or attending physician.

IMPORTANT: If Hem 21 is marked arithm 18 shows any injury, ar ather traumatic event, the medical exa

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	68 6				
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				No. of Manager	Self.
.18 Chert E		1-2-	200		
				44.4	
Wood 2 am	MANA ANAL		4.41		- 1

executed within 24 hours after death. Page 4 may be

ingred by the attending physician and campletely filled in by the funeral dis the please remove carbangapers. Pages 1 and 2 should be filed with a 72 ha

mirry or other troumotic event, the medical exon

with the State very.

WPOSTANT: If from 21 is marked or from 18 shows only

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

mat transit permit. Then please remove carban pape ental Hydiene prim to bariol, cremotion, or removol.

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	6

Į	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.	
1		IRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	1Ary	J. (WILSON)	Lieske.	2	1 84 6:25 AM
1	3. SEX	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ı	FEMALE	WHITE		ONTH DAY YEAR OCTOBER 18, 1896	87 YR	0.044
1	78. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
1	MARYLAND	USA		OWED TO DIVORCED	Narfoi	-d MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	House de Grad	ce Ci		rsing Home	(RET) PRESSER	LAUNDRY CO,
2	USUAL RESIDENCE (# NURSING 13a. STATE	HOME OR OTHER INSTITUTION	13c. CITY OR TOWN	113d. INSIDE CITY LIMITS?	13e, STREET ADDRESS	
	MD	HARFORD	HAVRE de GRAC	E YES X NO	719 OTSEGO STREET	21078
1	14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
1	JOHN	EDWARD	WILSON	LYDIA	Model	SHINBERGER
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY N	IO. 17 INFORMANT	ADDRESS	
	NO	P TES, GIVE WAR OR DATES)	220 01 1305	WILSON LIESKE	327 BUSH CHAPEL R	D. ABERDEEN, MD 21001
1	18 CAUSE OF DEATH	Enter anly ane cause per	line for (a), (b), and	0	11	BETWEEN CHIEF AND DEATH
ı	PART I. DEATH WAS	CAUSED BY:	eselu	oussular	- humos for	Lung
1	2500	MEDIATE CAUSE (a)	5	0 0	///	
1	Canditions, if any, w	DUE TO, O	N AS A CONSEQUENCE C	tall	uce 'V	/
1	gove rise to immed	liate	_	-1)	0	
	underlying cause	the DUE TO: 0	R AS A CONSEQUENCE	the west	lill	THE RESERVE TO SERVE
4	PART 2 OTHER SIGNIP	EANIT CONDITIONS CO	ONTRIBUTINE TO BEATH	BUT NOT BELATED TO THE JEB	MINAL DISEASE OF CONDITION	CIVENIA DAPT 10
ı	2011	X 20 4	ale:	Si Se la la la	the Diver	al Leene
Н	THE DATE OF OPERATION THE	N 196 COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
4	DIA!				YES NO X	RTIFYING CAUSES OF DEATH?
Н	TIE. ACCIDENT WAS UNDER	THE TI 216 TIME C	F INJURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	
	OR CONTRIBUTING CAU	- Total - Committee - Committe		EAR	CELIER HATORE OF MICH. PLANEW	10 7 867 1 067 861 27
1	D 114 INJURY OCCURRED			211 LOCATION		
1	214 INJURY OCCURRED		REET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE
	al work to at work	7		A.	2/	A
ı	22s.1 certify that (1) (the	s haspital) arended th	e deceased frage	and that is (my) (gus) enisies	death accurred an the date and	, 19, that (I) (we) last
H	above (i) (Ne) (id)	(did not) view the body	after death.		death accurred an the date and	nour and from the causes stated
ı	27% SKSMATURE	. X.		DEGREE ATTENDING	MEDICAL STAFF	Pic pare significant
Ц	10 11 M	me pan	1	PHYSICIAN#	DIRECTOR PHYSICIAN	1-109
1	THE BRYSICAN'S NAM	E (TYPE OR PRINT)		220 ADDRESS	1/h. 4	8 MS 0-
	N MATTY	KMWh'	M10.	5 X / 20. UN	N TAI MI	7-1078
	BURNAL, CREMATION, RE-	MOVAL 236. DATE	23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BURIAL	4FEBRUA	RY84 ANGEL	HILL CEMETERY		HARFORD, MARYLAND
	24 FUNERAL DIRECTOR		ADDRESS	1001	HEACA BY DECISTRA STATE	ISTRO'S CANALYES

DHMH - 16 50M 4/82 (VRA 15, 4)

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within 24 hours after death. Page illed in by the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages Land 2 stwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavol. to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician

injury, ar ather traumatic event, the

MPORTANT: # hem 21 is marked or hem 18 shows any

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG		G. NO.			
	EASED NAME	FIRST		AIDDLE		AST	20. DATE OF DEAT	TH MONTH	DAY	YEAR	26. HOUR
	M	argare	t	I.	Lind	leman		2	14	84	10 AM
3. SEX		4 F	RACE		S. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
F	emale	3.4	White		Jul	y 23°, 190'8°	75	YR	MONTH:	DAYS	HOURS MIN.
	THPLACE (STATE OR F	OREIGN 76.	CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIORCED	9 BALTIMORE CI Harf		NTY OF D	EATH	MD
1	el Air			OSPITAL, NURSIN HEACHITY, GIVE STREET A CONVALES		Center Center	170. USUAL OCCU		G LIFE IN	LUSTRY	F BUSINESS OR WN Home
13a. S	L RESIDENCE (IF NURS TATE aryland	NO POME OR OTH IST COUNTY A'LLeg		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Cumberla	٧ -	13d. INSIDE CITY LIMITS?	13e. SIREEI ADDR	ess irgini	a Av	e	1503
14. FA	THER'S NAME	lam Yat		LAST		15. MOTHER'S MAIDEN NA	ME Ann Evan		£ 16	LAS	T
	AS DECEASED EVER	IN U.S. ARMEI		166. SOCIAL SECU	RITY NO.	Mrs. Suzann		Bel A	ir.	Md.	
2	PART I. DEATH W 486 Conditions, if ony, gove rise to imm couse (a), statin underlying couse	AS CAUSED B IMMEDIATE C which mediate g the	Y: AUSE (o) DUE TO, OF	R AS A CONSEQUE	NCE OF	tro, a cut				BETWEEN	MATÉ INJÉRVAL NISEL AND DÉATH
NOI	PART 2. OTHER SIGN	HIFICANT GON	NDITIONS CO	i Cand	EATH BUT	NOT RELATED TO THE TERM	AIMALADISEASE OR		GIVEN IN	PART In	
CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TIÓN FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CEI			GS USED OF DEATH? NO
	710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I O	RPART 2)	
MEDICAL	216. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	71e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY	ORTOWN	c	YTHUO	STATE
	sow the decease obove, (I) (ve) (c	id olive on	ten.	13 19	1	nd that in (my (our) apinion	death occurred on t	he date and		from the	that (I) (we) lost couses stated

230 BURIAL, CREMATION, REMOVAL (SPECEY) 23h DATE

2-17-1984

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

27e ADDRESS

ATTENDING PHYSICIAN

73d. LOCATION
CITY OR TOWN
Cumberland,

MEDICAL STAFF

Allegany, Md.

74 FUNERAL DIRECTOR
NAME James F. Scarpelli, Commberland, Md. 2157 EB21 K

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econd Contest Consenting In Dam Some	Pel Air Convole	TALL FALL
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June, Dunamer Housell, 1 of Arr, Ha.		100
	CASE IN	
	ASSILL	
And appropriate about medical for Introduction Jennie	4895-45-5	
Add American 1883 J. E. B. S. C. Section Problems	i. Joarpelli, Sumb	

injury, ar other traumatic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shews any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2
IO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after disaft. The law be retained by the hospital as attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the fur that the person should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be filed within a form attended with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

STATE OF MARYLAND DEPARTMENT OF HEALTH, AND MENTAL I CERTIFICATE OF DEATH	HYĞIÈNE 4	9	1 6		1	
CERTIFICATE OF DEATH		REG. 1	NO.			
LAST	2a DATE C	FDEATH	MONTH	DAY	YEAR	
A 4			0		Cr.	

FOR STATE REGISTRAR		DEPARTMENT OF F	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	6
(TYPE OR PRINT)	ocent	MO	LOCUSO	20 DATE OF DEATH MONT	- 11 - 84 12.00 N
Male	4. RACE White	S. DATE (2 8 ^{AY} 1'8'88	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Taly	76. CITIZEN OF	WHAT COUNTRY? 8. MARRIE WIDOW!	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
Fallston		HOSPITAL, NURSING HOME (THE FACILITY, GIVE STREET ADDRESS)	or other institution	TYPE OF WORK FOR MOST OF WOR	Supplies-Self-
Maryland M	ome or other institution COUNTY Baltimore	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🚾	13. STREET ADDRESS 12717 Fork	-emproye
FATHER'S NAME Grazian	MIDDLE	Mancuso	15. MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	WE	Redolfo
160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	216-32-880	Nicholos	V. Mancuso	12717 Fork Rd. Fork, Md. 21051
underlying cause la	$ \begin{cases} \text{ich} \\ \text{ote} \\ \text{the} \\ \text{ost.} \end{cases} $	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DATRIBUTING TO DEATH BUT	Preumonia ASCVD.	IN AL DISEASE OR CONDITIO	ON GIVEN IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO } \)
0.000.000.000.000.00	OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	TEM 18. PART 1 OR PART 2)
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this	live on A did not view the body	ofter death. 19 o	DEGREE MD ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	, 19 , that (I) (we) last and hour and from the causes stated 22c. DATE SIGNED 2-11 - 8 4 .
23a BURIAL, CREMATION, REM	23b. DATE 2-14		EMETERY OR CREMATORY 1eth. Ch.Cen	23d. LOCATION CITY OR TOWN BE	altimore Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Burial 24 FUNERAL DIRECTOR

FEB 16

1001: 19 Sept 7/5/ Processo Course V. Sessons Tork, Sq., 240 osubnat osubsa occurred to the same and

uneral director, page 3 nin 72 haurs after death

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIEN

IE A)	1/			
	REG. I	٧٥.			
DATEC	F DEATH	MONTH	DAY	YEAR	26 HOUR
Feb	rual	427	19	784	140A
AGE (IN	YEARS LAST 8	IR HDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS

1.	STATE REGISTRAR	C	ERTIFIC	CATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST LEONA	B.	Ma.	nn5			AR 26 HOUR 45 AM	
3. SE	x	RACE 5.	DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HKS	
F	EMALE		7UC-	31 1925	58	YRS		
	IRTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY? 8.	MARRIED.	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEAT	Н	
	KANSAS		IDOWED		HArtor		MD.	
10 C	VIO de GIACE	NAME OF HOSPITAL, NURSING H POT IN SUCH ACILITY, GIVE STREET HODE H		Hospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF HOM	F WORKING LIFE) INDUS	ND OF BUSINESS OR	
	AL RESIDENCE IN NURSING HOMEOR C STATE 13b. COUNT LANDA HARF	13c. CITY OR TOWN	!	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS /	ZIP CODE	RD, 21084	
14. F.	ATHER'S NAME FIRST M	IDDLE LAST NGSHEAD		IS. MOTHER'S MAIDEN NAM	AE CULL	· /	LAST	
	VAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SECURITY WAR OR DATES) 447-16-87		FAMILY K	ADDRE	§ S		
	PART I. DE ATH WAS CAUSED	one cause per line far (a), (b), and (c) BY: CAUSE (a)	me	caramina	etoris a ly	Mates	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
	Canditians, if any, which	DUE TO, OR AS A CONSEQUENC	E OF	of fiden				
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	E OF					
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEA</u>	TH BUT N	OT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN PAI	RT Ita	
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO		ERATION				NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PAR	RT 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM		71f LOCATION STREET	CITY OR TOV		IV STATE	

220 1 certify that (1) (this haspital) attended the deceased fram. , that (It (we) last saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and havi and from the causes stated DEGREE

27b. SIGNATURE nelim

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

22c. DATE SIGNED 40

224. PHYSICIAN'S NAME (TYPE OR PRINT)
M. W. 1864 A. D

22e ADDRESS

7005 Union an Ham D paa

23a. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 24 FUNERAL DIRECTOR

23t. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN BALTIMORE

MD

CHAPEL OF MEMORIES

8800 HAR FORD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
MAR 2 1984 , was burden for

DHMH - 16 50M 4/83 (VRA 15, 4)

HOSPITAL

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BP.

TO FUNERAL DIRECTOR: After this certificate him bei

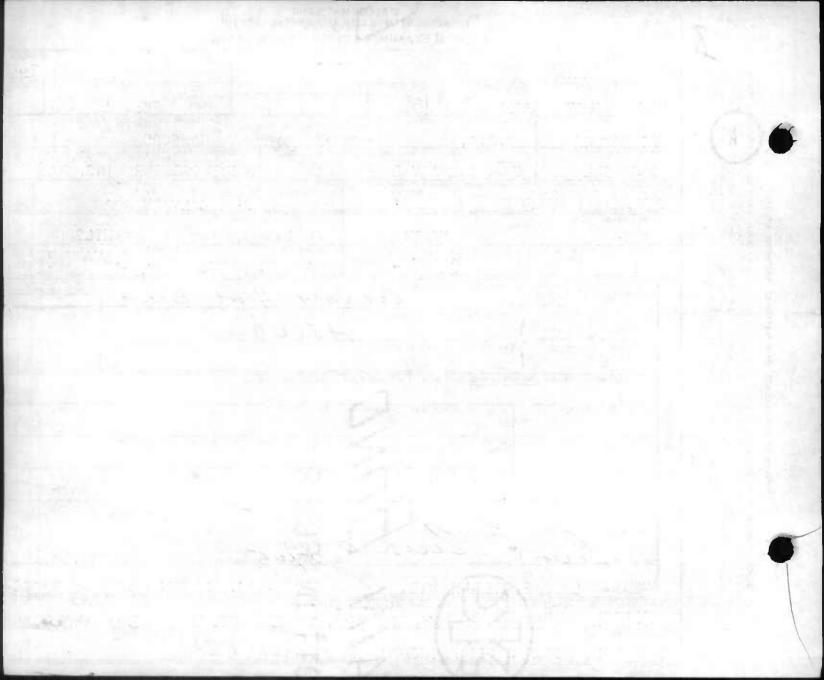
MPORTANT: If Item 21 is marked should be detached for use as

February Street Street Street Street A MARCH OF WARRING CONTRACTOR AND ALBERT OF THE PARTY OF THE PERTY OF THE PERSON OF TH MAR 2 BSG - I KNOW MAR 2 BSG - II KNOW MAR 2 B

20M 4/82

1-	FOR STATE REGISTRAR			EPARTMENT	OF HEALTI	MARYLAND HAND MENTAL CERTIFICATE		REG. NO.			
(1)	PE OR PRINT) WI	LLIAM	1	WIDDLE	MA	ARTIN	20 DATE OF DEATH	KNOWN X ESTI- MATED D	EB.12	1984	2b. HOUR 7AMM
		WHITE .	DATE OF BIRTH MONTH JULY 3 1 B. CITIZEN OF WH	899 84 AT COUNTRY?	YRS.	HS DAYS HOURS	MIN. PRONOUN DEAD	NCED		84 DEATH	2d. HOUR
F	TENNESS	EE	U.S.A		WIDOV	VED NEVER MAIN VED X DIVOR	RRIED	RFORD		CIND OF BHS	MD
	CRESWEL	NURSING HOME OR	2034 CA	E RESIDENCE BEFORE AD	ROAD		BOILER C	PERATOR	R U.S	GOV	Ě'T
M	ARYLAND ATHER'S NAME	HAR		BEL A	IR	13d INSIDE CITY LIMITS? YES NO S	212034 CA	LVARY	1014 ROAD		
16a.	DAVID WAS DECEASED E		D FORCES?	MART IN		ELMINA 17. INFORMANT		ANOROE		SON	0.15
(YES, NO, OR UNKNOWN NO 18. CAUSE OF D	NON	1E	241-26-		EDWARD W	MARTIN	BEL	CALVA	MARY	LAND
NO	gave rise cause (o) sta lying couse l		DUE TO, OR A	AS A CONSEQUEN AS A CONSEQUEN UT NOT RÉLATED TO THE	NCE OF	ASCU		DIFEE			
TIFICATION	19a. DATE OF OF	PERATION	19b. CONDIT	ION FOR WHICH O	OPERATION V	VAS PERFORMED?			20	AUTOPSY?	NO []
MEDICAL CERTIFICATION	21a EXTERNAL C UNDERLYING CONTRIBUTING 21a INJURY OCC WHILE AT WORK	OR CAUSE OF DE	ATH P.M.	MONTH DAY	YEAR 9 ME, 21f. LC	OW INJURY OCCUR OCATION STREET	RED LENTER NATURE OF IN		COUNTY		STATE
		hat I took charge or nom: Natural	couses .	Accident ,	an Autor	Hamicide TITLE (SPECIFY)	Undetermined m	onner,	DATE SIGNIFEI	в.12,	
		N, REMOVAL 236	DATE	23¢ NAME OF	FCEMETERY C	OR CREMATORY	23d LOCATION CITY OR TOWN	R HARI	ARYLA COUNTY ORD N	ND ARYLA	ATE #
F		. MCCON		ABINGDO	ON, MA	ARYLANDER	B 1 4 1984	U			

HOWARD K. MCCOMAS III ABINGDON, MARYLANDERS



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical exo

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEASED NAME FIRST (TYPE OR PRINT) Emily	FORWOOD	Mc Gibney		ONTH DAY YEAR 26. HOUR 35					
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER LYEAR IF UNDER 21 HRS					
FEMALE	WHITE	NOV. 19 1890	93	YRS. MONTHS DATS HOURS MIN.					
70. BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH					
MARYLAND	U.S.A.	WIDOWEDY DIVORCED DIVORCED	HA C-TOCC	MD. 126 KIND OF BUSINESS OR					
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY					
	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE		I HOMEMAKEI						
	RFORD 136. CITY OR TOW	YES NO V	607 MAGNO						
WILLIAM RI	CHARD HOLL	OWAY MARGARET	SUSANNAI	H WATTERS					
ANTE NIO OR UNIVENIOUSED LIE VES CO	RMED FORCES? 166 SOCIAL SECU	7750	ADDRESS	OU/ MAGNULIA RD					
NO NO (14 YES, GE	NE 220-32-	3358 BRADFORD W	. MCGIBNEY	JOPPA, MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		5	28a AUTOPSY?	TION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)					
	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	N COUNTY STATE					
22a I certify that (I) (this hasp	Liee	DEGREE ATTENDING	death accurred on the date MEDICAL STAFF DOIRECTOR PHYSICIA Med C						
230. BURNAL, CREMATION, REMOVAL	07 101	ARLINGTON CEM.	DARLINGT	ON HARFORD MD.					
24. FUNERAL DIRECTOR	LEDIES ON D			SK REGISTRAR'S SIGNATURE					
HOWARD K. MCCC	MAS III ABÎÑG	DON, MARYLAND	2 2 1984 9	and the state of t					

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

						TE OF MAI		0 4	92	8	
FOI	ATE			DEPARTA			NO MENTAL HYG OF DEATH	IENE/	J 60-18	•	
	SISTRAR				CERTI		OF DEATH		REG. NO.		
1. DECE AS	ED NAME	FIRST	,	MIDDLE		LAST		20. DATE OF DI		DAY YEAR	2b. HOUR
		ELEN	N	1. M	MULI	EN			2/2	4/84	9:25P
3. SEX			4. RACE			OF BIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HI
ਸ਼ਾਸ਼	EMALE		WHITE	0	MONI		14 /94	89	YRS		HOURS M
70. BIRTHP	LACE ISTATE OR	FOREIGN		WHAT COUNTRY?	8				CITY OR COUN		
COUNT			2771.0		WIDOW		DIVORCED	UADEC	OPD COIN	MV	
	R TOWN OF DEA	ATH	USA 11. NAME OF F	HOSPITAL, NURSIN				120 USUAL OC	ORD COUN		F BUSINESS
core		- /	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)				R MOST OF WORKING	INDUSTRY	
HARVE	de GRA	CE /		GIVE RESIDENCE BEFORE				HOME	MAKER		
130. STATE	SIDENCE (IF NOR	13P CONFOR	OTHER INSTITUTION.	13c. CITY OR TOW	'N	113d. INSI	DE CITY LIMITS?		DRESS / ZIP CO		
MAR	YLAND	CEC	IL	NORTH E	AST	YES [(0.00)		. OLD PI	HIL. RD.	21901
FATHER	R'S NAME FIRST		MIDDLE	LAST		15 MOT	HER'S MAIDEN NA		AIDDLE	LAS	ST
	LEWIS			BLACKBURN	1		LENA			McLAUGH	
	DECE ASED EVER			166. SOCIAL SECU	RITY NO.	17 INFO	RMANT		ADDRESS		21901
IYES NO	O OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-54-5	5502	MRS	. JENNIE	B. BLAC	KBURN. I	NORTH EAS	ST. MD
Lin	CALLES OF DEAT	M.C.A.	1	the ferres that are	-d (-))		0				IMATE INTERVAL
18.	PART I. DE ATH V	VAS CAUSE	D BY:	line for (a), (b), and	Tin	1	Naplia	mm 11		20	A
	113115	IMMEDIA1	E CAUSE (a)	roun	1010	u	, vaus	101111		100	1
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	inditions, if any ive rise to im-		(b)_	U	nen	up	Janua	on a	our yr	767 5-6	1
ca	use (a), statii	ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF	11/1	0	0 6	under.	00 /1	N
un	derlying cause	e lost.	((c)_	Cener	al_	VU	out on	asvo	u uu	reg y	n
	RT 2 OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEAMBU	T NOT REL	ATED TO THE TERA	AINAL DISEASE C	OR CONDITION	GIVEN IN PART I	0
Š.		an	emi	14	1',	A					
190.	DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS P	ERFORMED	200 AUTOPS		YES, WERE FINDI	
Ĕ								YES A	100	YES [NO
21a.	ACCIDENT WAS UN	DERLYING					W INJURY OCCUR	RED (ENTER NATUE	E OF INJURY IN ITEM	18 PART 1 OR PART 2)	
On	CONTRIBUTING		in .	M. MONTH DA		1					
-	INJURY OCCUR		21e. PLACE	M, OF INJURY	19		ATION				
¥	_	HILE		REET, FACTORY, OFFICE, F	ARM, ETC }		STREET		ITY OR TOWN	COUNTY	STATE
AS W	VORK AT WO	ORK		,	- //	1/20	1/02		2/10/	C-11	
220.			7-1	e deceased from _		129	19	, to	7-11	19	that (I) (we)
	saw the deceas above, (I) (we) (sed alive an did) (did no	it) view the body	V	, (and that in	(my) (aur) apinian	death accurred	the date and	haur and fram the	causes stated
22b.	SIGNATURE		1 11.	7)		DEGREE	2			17L DATE	WONED?
	DVM	Mh h	4/1/W	Work	~	MI	PHYSICIAN (DIRECTOR _	STAFF PHYSICIAN	1	29/80
22d.	PHYSICIAN'S N	AME (TYPE	OR PRINT)	- 4.		22e. AD				- /	1
											1
23 61151	AL CREATERS	DEMON	Inn Darr	120	NAME OF	CEMETER	OR CREATING	123d LOCATI	ON		
(SPECI		, REMOVAL				1	OR CREMATORY	CITY OR		COUNTY	STATE
	BURIAL		2-27-	1984	HOPEW	ELL M	ETH. CEM.			CECIL N	<i>MARYLAN</i>

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR
NAME
HICKS HOME ELKTON, MD. 21921 for FUNERIAS, (VRA 15, 4)

CEM. CECIL MARYLAND

NARO 2 1984 Julia bavidan Pandare

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the standard for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be freeing the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP_____ DHMH - 16 50M 4/82

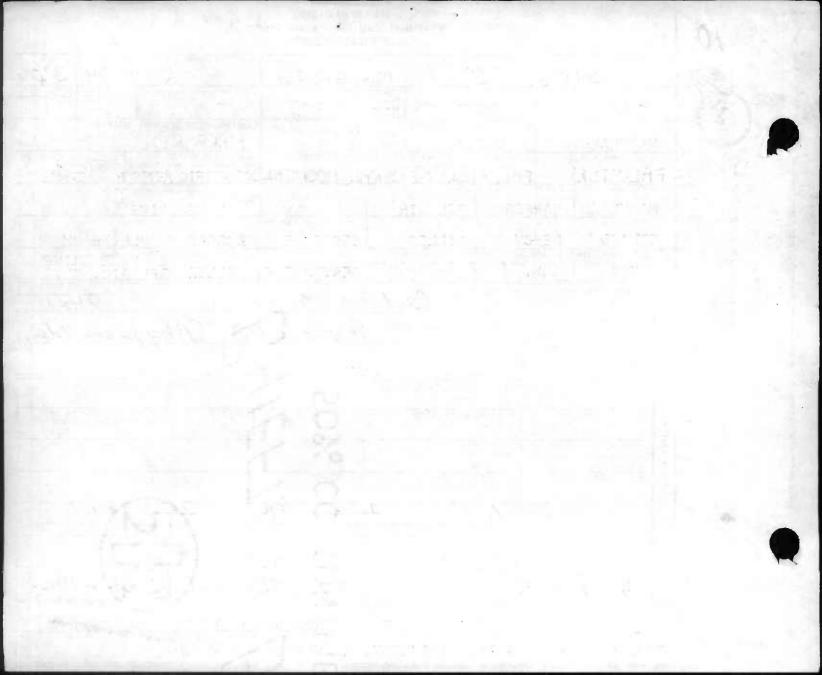
(VRA 15, 4)

FOR

DEPARTMENT OF HEALTH AND MENTAL HYBRENE CERTIFICATE OF DEATH

REG. NO.

ı	1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	5 .	
		CHARLE		MILLER SR.	20. DATE OF DEATH	DAY YEAR 2 15 84	3 B
1	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE	WHITE	JUNE 19 DAY 1918 AR	65	YRS.	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
4	_	MARYLAND	U.S.A.	WIDOWED DIVORCED	DI HIKKOK	(1)	MD.
	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STI	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) IND STO	ERAL
	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE			ADVISOR GOV	ERIMENT
		MARYLAND HAF		TOWN 13d. INSIDE CITY LIMITS? YES NO	107	DRIVE	
7	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAS	ST
4		DWARD PER			DORCAS	MULLINEA	UX
1		VAS DECEASED EVER IN U.S. AF (ES. NO ORUNKNOWN) (IF YES GI	RMED FORCES? 166. SOCIAL SI WE WAR THATES) 313-18	8-6987 GERTRUDE	E. MILLER	Z/ LAKE D	RIVE
-		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b)				IMATE INTERVAL ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (o)	ardiac and	est	2	TRS
ı		4140	DUE TO, OR AS A CONSE	OUENCE OF	m Orl	28. 1	01-
1		Conditions, if ony, which	(b)	score c	100 41	by jass-	4 acrys
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1/	0
0	NO		-	OIL S			
	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND II	
4	RTIF			Tal. HOW belong occ	YES NO	YES 🗌	ИО 🗌
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	JRRED (ENTER NATURE OF INJUR	IY IN ITEM 16 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TO	wn County	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC)			31813
			oital) attempt the deceased fro		4 to 2.	19. 84	that (I) (we) lost
			ot) view the body after death.	9 and that in (my) (pur) opinion	on death accurred on the de	The Table	
		27b SIGNATURE	mas	DEGREE ATTENDING PHYSICIAN			SIGNED
Ĭ		22d. PHYSICIAN'S MAN - 1111	OF MINIT	228 ADDRESS	11. 1. 1	0.1	Ilet.
		V. IVAL	K	11161	Tarjord	Koad-de	1040
		SURIAL, CREMATION, REMOVAL	47 4001	23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE
	24 FI	DUKTAL INERAL DIRECTOR	FEB.17,1984 A	ARLINGTON NATIONAL (CEMI ARLINGTON	ARLINGTON	TURE
		WARD K. MCCC	MAS III ABI	INGDON, MARYLAND		010111711711717171717171717171717171717	



TO MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

DHMH - 16 50M 4/ (VRA 15, 4)

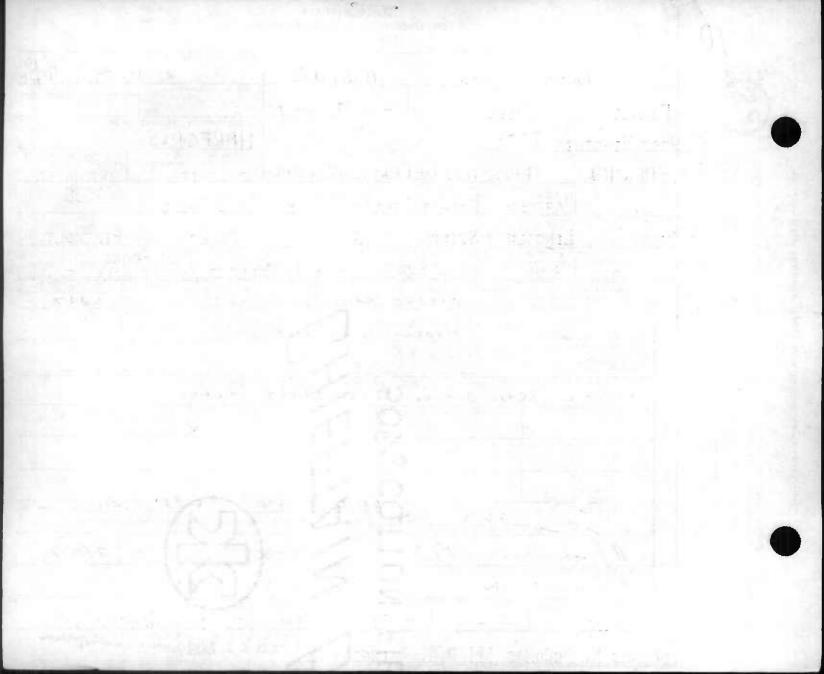
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		STATE OF MARYLAND FOR Item 21a&21f&22a 3-28 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE Item 7a, Film#G590, CERTIFICATE OF DEATH REGISTRAR 4-17-84 31b REG. NO.
tor, page 3 after death		1. DECEASED NAME FIRST. ANNIE C. MOON 26 DATE OF DEATH MONTH DAY YEAR 26. HOUR 12 M
2 6	r()	3. SEX 4. RACE 5. DATE OF BIRTH ANNIH BAY
nin 72 hou	at bace.	76. BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWEDS DIVORCED MD.
filed with	- Contract	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT BY SUCH FACILITY, GIVE STREET ADDRESS), 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING LIFE) INDUSTRY At Norre
长		USUAL RESIDENCE (IF NURSING HOME OR 6) IT INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IN INSIDE GITY LIMITS? 130 STREET ADDRESS V. Clari Budgi
題	100	14 FATHER'S NAME FIRST FIRST FIRST HELEN SMITH 15. MOTHER'S MAIDEN NAME FIRST HELEN SMITH
Page of	medico/	160 WAS DECEASED EVER IN U.S. ARMED FORCES (VES, NO OR UKNOWN) (IF YES, GIVE WAR OR DATES) FAMILY RECORDS
nding physical corbangement, or removal	natic event	18 CAUSE OF DEATH (Enter only one couse per line to (o), (b), ond (c) PART 1. DEATH WAS CAUSED BY: DUE TO, OR AS ACONSEQUENCE OF
d by the atteriore in cremation	ar ather traun	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) T8CC 3 Volume Cause Course C
t. Then p	y injury,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCASE OR CONDITION GIVEN IN PART 1/0
isit permi	shows on	E 68/6/84 FX PA
certifica unal-tran Vental Hy	ltem 18	3 OR CONTROLLING & CRUSE OF SEATH HOUR AS TO SEATH TO THE THE HOUR AS TO SEATH TO THE THE HOUR WEDGE EXAMINES.
After this os the bi	orkedor	armon armon Harford Md
d for use t. of Hea	m 21 is m	The I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (we) last saw the deceased alive on 19 and that in (my) (our appropriate death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did by 1) view the body after death.
ERAL DIRI	ANT: # the	DEGREE ATTENDING MEDICAL STAFF 2/26/64
should be a with the Sto	MPORTA	D.B. HASZINS 1327 Below Ned Below 210 14
58	0	236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN CITY OF TOWN COUNTY MO.
16 50M 4 A 15, 4)	/82	24 FUNERAL DIRECTOR NAME EVANS CHAPEL OF MEMORIES ADDRESS REDO HARRING MAR 2 1984 Suite Development of Market Company of Compa

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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haum retained by the haspital or ottending physician.
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10	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	REG. N	2 3		
400		CEASED NAME OR PRINT)	DRA.	100	AF	n	1011105	20. DATE OF DEATH	MONTH O	5 84	26. HOUR 10
to the	3. SE		4	RACE	AE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
00	7a. BI	MALE RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CITY O	YRS.	OF DEATH	
27	VES	T VIRGIN		USA	HOCDITAL ALLIDCIA	WIDOWE		HARFO	<u>C19</u>	Tial KIND O	MD. F BUSINESS OR
#2	F	ALISTON	F	-ALLS			L HOSPITAL	HOUSEWIE	F WORKING LIF		
9 (E)	130. 5	ID.	HARFO		GIVE RESIDENCE BEFORE 13c. CITY OR TOW FOREST		13d. INSIDE CITY LIMITS? YES NO 💢	136 STREET ADDRESS 2429 ROC	ks Ri	210	
in 2 C	AVE	THER'S NAME FIRST	LINCO	LN	STIDOM		AGATHA	AGNESS		RINE	
the medical		(AS DECEASED EVER I ES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W NONE		212-24-	2679	ORPHA S. M	ULLINS FO	29 Ro REST		Mp21050
c event, th		18 CAUSE OF DEATH PART I. DEATH W	LEnter only of AS CAUSED B	BY:	line for (o), (b), on CARD!		AILURG				A 7.
oumoti		Conditions, if any,		DUE TO, O	RAS A CONSEQUI		LINFARCTIC	J			
r other tr		gove rise to imm couse (o), stating underlying couse		DUE TO, O	r as a conseou	ENCE OF		A 3			
any injury, o	NOI	PART 2 OTHER SIGN	_	EAIN	DAMAGE		NOT RELATED TO THE TERM	APP		EN IN PART 110	
Swo Z	CERTIFICATION	190. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	IGS USED OF DEATH? NO
or Item 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	PART I OR PART 2)	
ked ar h	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
21 is mor		sow the decease obove, (I) (ve) (d	this hospital	406	13 10 6	2-17	d that in (my) (🖛) opinion	death occurred on the d	ote and hou	/	that (I) (we) lost couses stated
ANT: If Item		226. SIGNATURE	Las		MD		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	220 DATE	SIGNED SIGNED
IMPORTANT		22d. PHYSICIAN'S NA	ME (TYPE OR PR				LLE. ADDRESS	Ten. Hogy	-		
* 3		URIAL, CREMATION, I	REMOVAL	236. DATE 2-18-				BEL AIR		RFORD	MD STATE
4/82	11	OWARD K.	МсСом	AS II	I P ADDRESS	ABIN	SDON MD 255 DA	B 2 1 1984	256. REGIST	RAR'S SIGNAL	Histoll



campletely filled in by the funeral director, and 2 should be filed within 72 hours ofte

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTMAND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CEICIT	TEATE OF BEATTI	REG. N	O.		
I. DECEASED NAME	FIRST		MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TIPE OR PRINT)	HENRY		-	POI	LMANN	FEBRUAR	RY 15,	1984	2:40A M
3. SEX		4. RACE	The second	5. DATE C		6. AGE (IN YEARS LAST BE	THDAY)	MONTHS DAYS	IF UNDER 24 HRS.
MALE		WHITE		APRIL	8, 1904 YEAR	79	YRS.		NOURS MIN.
	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY			
NEW YORK		USA		WIDOWE		HARFO	ORD COL	UNTY	MD.
10. CITY OR TOWN C	OF DEATH	11. NAME OF		ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
HAVRE de GRA)CE	4149	THE FACILITY, GIVE STREE	ET ADDRESS)		(RET) LIBARIA			COURT OF
USUAL RESIDENCE	IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFO			4			. 000 0.
13a. STATE	13h COU		HAVRE de		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4149 U-WAY		DE	21078
MD 14 FATHER'S NAME	HARFO	JAD	I HAVKE UE	GRACE	15. MOTHER'S MAIDEN NA				220.0
FIRST		WIDDLE	DOLL MON	16.1	JACOBINE	WIDDLE		BLEIKER	
HEINZ 16a WAS DECEASED	EVER IN IIS AS	MED FORCES?	POLLMAN 166 SOCIAL SEC		17 INFORMANT	ADDR	ESS	DELINE	13
(YES, NO OR UNKNOV		VE WAR OR DATES)			0.022	D MEDMACEN	COM	C 00 1070	
NO			050 22 45	025	MRS. CHRISTINE	R. MERMAGEN	SAMI	E AS #13e	ONSET AND DEATH
	couse lost.		ONTRIBUTING TO		NOT RELATED TO THE TERM	MINAL DISEASE OR CON 200 AUTOPSY? YES NO [X]	20h. IF Y	GIVEN IN PART IN	NGS USED
21g. ACCIDENT W	VAS UNDERLYING	T LICIUD A		DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INA	JRY IN ITEM 1	8 PART I OR PART 2)	
OR CONTRIBUTION	G CAUSE OF DE	AIR	M.	19					
OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION	CCURRED	21e. PLACE			211. LOCATION	CITY OR TO	OWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, STI	REET, FACTORY, OFFICE	E, FARM, ETC]	1.		,	1.	
22a.1 certify sow the d obove, (I) PELSIONATU	regard after an	e Xa	deceased from	83 .0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	\FF		thateth (we) lost couses stated SUNED
23a. BURIAL, CREMA	TION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BURIAL	-	17FEBRU	JARY84 GA	ATE OF H	HEAVEN CEMETERY	MT. PLEASAN	D / 1)	The last	CO N.Y.
24 FUNERAL DIRECT		PA, HAVR	E de GRACE	, MARYL	AND 21078	RICO PAGE IS IT A	WAY WELL	IN HORE S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pagagaint the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, ar ather traumatic event, 44

POFTANT If Item 21 is marked or Ite-18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Po
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME HELEN MONTH (TYPE OR PRINT) 02021 FRIRUDA 6. AGE PEARS AST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH AONIHS DAYS HITE 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? (STATE ONEOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OWN OF DEATH 12b. KIND OF BUSINESS OR 120. USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE 3d. INSIDE CITY LIMITS? NOIY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MARY OSEPH NMN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT COOPTOWN (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) FOREST HIL No ONE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which remo gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 87 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 24 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an the bady after death Fels and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 5 22s. DATE SIGNED 72h SIGNATURE DEGREE # PHYSICIAN A DIRECTOR DIRECTOR PHYSICIAN MPDRTANT 22d. PHYSICHAN'S NAME (TYPE OR PRINT) 77¢ ADDRESS 150U 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OF TOWN RIBIAL MEMORIAL HARFORD 74 FUNERAL DIRECTOR

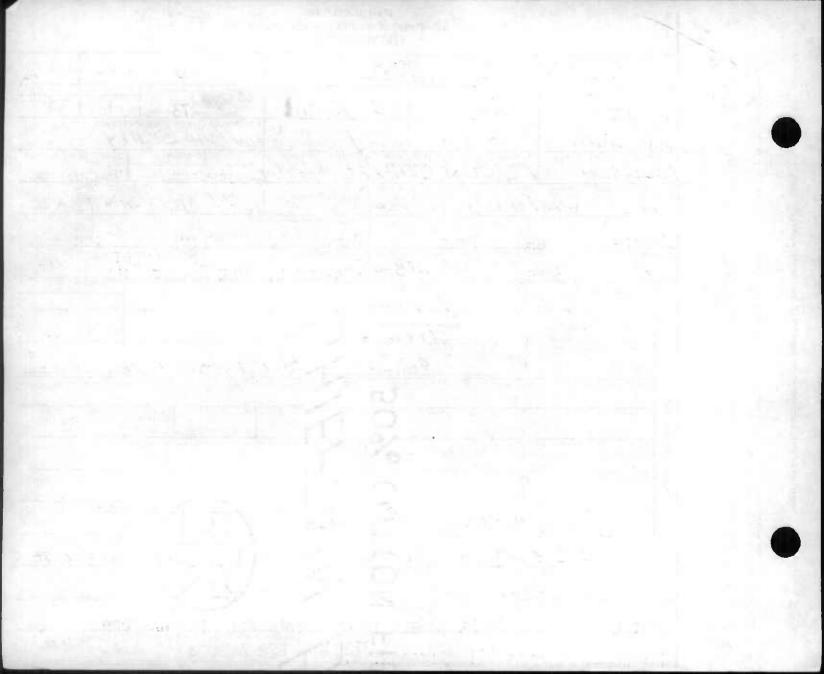
DHMH - 16 50M 4/82

BP

(VRA 15, 4)

MCCOMAS ARINGDON

whia Davidson-Randall



FOR - STATE REGISTRAR DECEASED NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		WEO 10 THE MILES					REG. 190.	, ,			
		CEASED NAME FIRST	MIDDLE	L	AST	2a	DATE OF DEATH MO	NTH DAY	YEAR 2	NOU	R
	(TYPE	ORPRINT)	D	T	>		T.1	251	0011	91:	21-4
	_	CHANC			reeves		-e b		984	7:3	
	3. 5E)		4. RACE	5 DATE C			AGE (IN YEARS LAST BIRTHD	MONTHS		HOURS	MIN,
-		M	В	MONTH	18	13	70	YRS.			
6	To Ri	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	Y? 8		BALTIMORE CITY OR C		ATH		
-		OUNTRY		MARRIE	D NEVER MARK	RIED -	11 6	1			
	Ce	Va.	USA	WIDOWE	DIVOR	CED X	Itartor	9	MD		
1	IE CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUT		USUAL OCCUPATION		KIND OF	BUSINE	SSOR
0	14	1 G 1050	(IF NOT IN SUCH FACILITY,		16-5-61	(1)	PRE OF WORK FOR MOST OF W	DAKING LIFE) IIAL	JUSIKI		
6		LESIDENCE (IF NURSING HOME OR		Memorial	Hospital		rectied				
Z		TATE 13b. COUN		ORTOWN	134 INSIDE CITY L	IMITS? 13e	STREET ADDRESS / Z	IP CODE			
3		Md. Har	ford Bel	Air	YES NO	TX :	2148 Thomas	Run Ro	1. 21	014	
1	L4 FA	THER'S NAME			15. MOTHER'S MA	IDEN NAME					
1	1		MIDDLE	LAST TO COTTO C	FIRST	114-	MIDDLE		LAST		
1		Edward		Reeves		llie	ADDRESS.		Uno	ates	
1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	. "	No		-14-2919	Gloria	Perry '	148 Farm Rd	- Aberd	een.	Md.	
				4	//		/		APPROXIMA BETWEEN ON		VAL.
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane cause per line tark	al, (bl, and ic)	- 1/	ont.	/.		BETWEEN ON	ISET AND	DEATH
			E CAUSE (a)	04.000	U	400	~			100	
		4409	DUE TO, OR AS A C	LAISEOLIENICE LET	_		7				
		Condition of the state	LUE TO, OR AS A C	anon,	re o	ince	1				
		Canditians, if any, which gave rise to immediate	1	^ -							
Н		cause (a), stating the	DUE TO AS FO	CONTROL OF (1100	0811	0				
		underlying cause last	171010	1000	11/00	200					
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CONDIT	ION GIVEN IN	PART Iro		100
Н	Z										
-	CERTIFICATION	194 DATE OF OPERATION	TIM CONDITION FO	R WHICH OPERATIO	N WAS PERFORME	D. I	28s AUTOPSY7 2	06. IF YES, WER	FINDING	SS USED	,
1	Ü	THE DATE OF OF EATHER	THE CONTONION	AN ANT TOWN WILLIAM STATES	and an overall property of the second			N CERTIFYING	CAUSES C	F DEAT	H7
	E						YES NO	YES []		NO [
~	8	21s. ACCIDENT WAS UNDERLYING.	71h TIME OF INJUR	NTH DAY YEAR	21s HOW INJURY	OCCURRED	ENTER HATURE OF HULBER IS	HISM IS PUSE FOR	F401.31		
1	4	OR CONTRIBUTING [CAUSE OF DEA	the state of the s	19							
1	×	214 INJURY OCCURRED	21e PLACE OF INJU	17	211 LOCATION	_			-		_
	MEDICAL		THE HOME STREET, FACTO		SPRET.		CITY ON YOUNG	- 00	IUNITY	- 35	EATE
		NHILL NOT WHAT		26	A	20	2/2	0 0	10		-
		22s.1 cartify that (b) (this hospit	tal) attended the decear	yd from puly	10	9 4 4	10: 0/19	190	9 1	atyli iv	red last
		the deceased alive on.			nd that in Dmy (our	opinion dea	th occurred on the date	and hour and f	rom the co	ses sto	ited
		gbbve, (f) (we) (did) (did no) view the bady after de-		proper		CAN ALCOHOLOGY	- 15	h DATE Y	CANED	+
		MIL PRINATURE	mar	W.	DEGREE	NDING A	MEDICAL STAFF		151	20/	110
		bonne n	1 mine	mann			HRECTOR PHYSICIAL	N 🗆	0	17	ny
1	-	PHYSICIANS NAME (TYPE O	R PRINT)	In //	22e/ADDRESS	1	1	6 8	1	V	11
		DANTIE	MIN	AKII	HMYL	1 0/1	TRADO	Mid	2	117	8
	,	11/10/6	1 -01	110	11/10/2	UU	MACC	Iva	-	0/1	0
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREA	AATORY	23d LOCATION				
		(specify) Burial	3/1/84	Clarkte	United 1	Meth.	Bel Air	Hari	ord	Md	AIL
	74 EI	UNERAL DIRECTOR	1 3/ =/ 04	OZGIN C	7111 00 d 1						
			Fountain C	LADDRESS DATES	lo Canac	EED	EC'D. BY REGISTRAR 251	David	DON-1	photol	Nan-
	A	rnoTd Beard 353	rountain 5	o. navre o	MALACE	1 + 1 1	29 1984	District American Ave	Harry		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FLAKERAL DIRECTOR, After this certificate has been signed by the otherwing physicial should be detacted for use or the busici-transit permit. Their please remove carbon papers with the State Dept. of Health and Merital Hygiens prior to busid), cremation, or removal.

MPORTANT, If ham 21 is morked or them

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				machine tal	_0_2

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH & AGE LIN YEARS LART BIRTHDAYS IF UNDER I YEAR

IF UNDER 24 HRS

2b. HOUR

902

9. BALTIMORE CITY OR COUNTY OF DEATH

176. KIND OF BUSINESS OR

INDUSTRY HOUSEWIFE

HOMEMAKER

5. DATE OF BIRTH

MONTH

MARRIED [

WIDOWED

15. MOTHER'S MAIDEN FIRST DΔ

Cermes

13d. INSIDE CITY LIMITS?

17 INFORMANT

MEVER MARRIED

DIVORCED

ADDRESS

DUE TO, OR AS A CONSEQUENCE OF

3

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR 19

211. LOCATION STREET

CITY OR TOWN

STATE

thot (1) (we) last , and that in (my) (our) opinion death occurred an the date and hour and from the couses stated

DEGREE Cy of

ATTENDING PHYSICIAN

MEDICAL STAFF

22c. DATE SIGNED

COUNTY

23c NAME OF CEMETERY OR CREMATORY WOODLAWN

23d LOCATION CITY OR TOWN

TIMORE

24 FUNERAL DIRECTOR

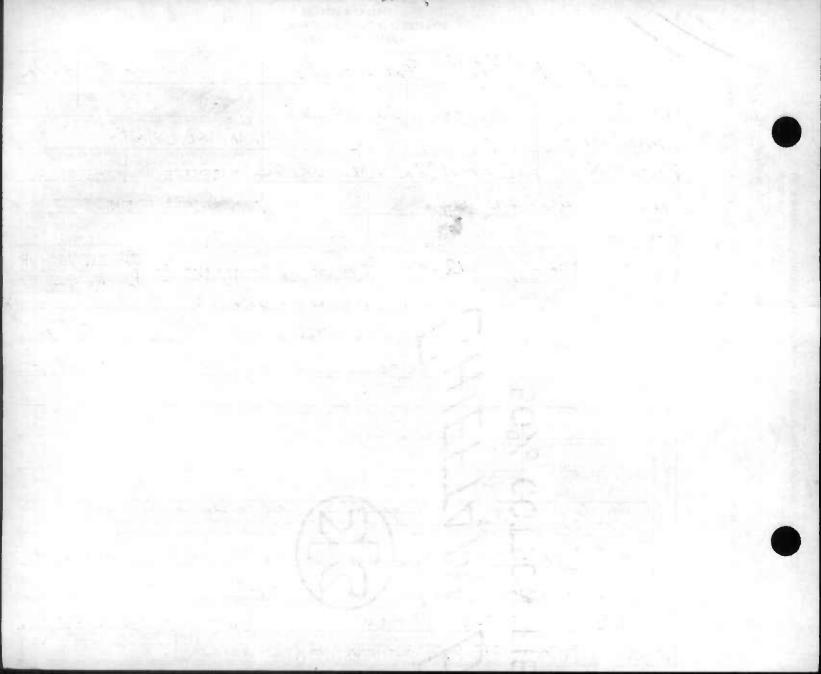
DHMH - 16 50M 4/82

(VRA 15, 4)

K. McComas III P.A. ABINGDON, MD

22e. ADDRESS

25a. DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

retained by the hospital or ottending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached far use as the build-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 400ws ony injury, or ather traumotic event, the

and campletely filled in by

FOR STATE REGISTRAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	7	2	8

	' -	REGISTRAR				CERTIF	ICATE OF D	EATH	PI	EG. NO.				
		CEASED NAME	FIRST	i	MIDDLE	ı	AST		a. DATE OF DEA		DAY	YEAR	2b. HOU	R
	(TYPE	OR PRINT)	ABLE		7	1501	MIDT	- 37		2	20	84		30
	3. SEX			ACE		5. DATE C		-	AGE (IN YEARS I		-	DER I YEAR	IF UNDER	24 HRS
-		FEMALE			TTE	MONTH 8	aa	YEAR 19	6	4 Y	RS.	S DAYS	HOURS	MIN.
9	7a. BIR	RTHPLACE (STATE OR FO	REIGN 76. C		WHAT COUN	VTRY? 8.	D NEVER M	ARRIED -	BALTIMORE	ITY OR COU	INTY OF D	EATH		
				U. S.		WIDOWE	DE DIV	ORCED	HAR	FORD	Co	WOT	Y	MD.
1	10. CI	FALLSTON		(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME C STREET ADDRESS)			20 USUAL OCC TYPE OF WORK FOR House		NG LIFE) 12h	12b. KIND OF BUSINESS OR INDUSTRY Home keeping		
7	USUA	AL RESIDENCE (IF NURSIN	IG HOME OR OTHE	R INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)			-			210	11/4	0
)	136. STATE Md. 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 137. STREET ADDRESS 1388 Gateshead 15. MOTHER'S MAIDEN NAME						d Dr.	r.Belair, Md.						
Ž	Che.	THER'S NAME	MIDDI	ster	LAS Dood	dges		RST		DDLE	Fmo	nch	,	
4	Total Laboratory	AS DECEASED EVER IN				SECURITY NO.	17. INFORMAN	<i>y</i>		ADDRESS &			Dee	
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)													
8														
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: WAS CAUSED BY: WAS CAUSE OF TEATH (C)							-	BETWEEN ONSET AND DEATH				
		42 78 DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if any,	which (DUE TO, OI	RAS A CON	SEQUENCE OF	VAL	PAILLI	ee					
		gove rise to imme	ediote	(b)					-					
		underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CAPATOR ONIC SHOCK.												
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
,	NO.	CARBIAC E	AILURE	, Co	10	\$148E	E1, -	CHTRA	IA CA	NEOK	ON O	DES!	77	
1	CERTIFICATION	190 DAJE OF OPERATE	0N	196. COND	TION FOR W	HICH OPERATIO	OPERATION WAS PERFORMED. 200 AUTOPSY?				FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?)
0.3	E	1/05/	79	· Est	(ICIC S	IL SINUS SYNDRING			YES NO	M	YES	CAUSES	NO [
		21a. ACCIDENT WAS UNDER		216. TIME O	FINJURY M. MONTH				D (ENTER NATURE C	OF INJURY IN ITEA	A 18 PART 1 O	R PART 2}		- 20
	S	(IF EITHER NOTIFY MEDICA	L EXAMINER)	P./		19								- 6.0
	MEDICAL	21d. INJURY OCCURRE		210 PLACE (OFFICE FARM, ETC)	211 LOCATIO STREET	N	CIT	Y OR TOWN	C	OUNTY	s	TATE
		AT WORK AT WORK						- 01.	16	- 16	5	26		
	- 1	220: I certify that with the saw the deceased		attended the	e deceosed			. 17	_, ta	23 17	. 19		hat (I) (4	
		above, (1) (we) (dia	d) (did not) vie					apinian de	ath accurred an	the date and				ited
		226. SIGNATURE	Au	C		17	DEGREE	TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [2/2	SIGNED	py
Ĭ		22d. PHYSICIAN'S NAA	AE TYPE OR PRIN	(T)	4.)		22e ADDRESS							
		A.J.	JUEF	1717	40		faces	702 4	EN H	850				
	23a. Bi	URIAL, CREMATION, RI		b. DATE	001	23c NAME OF C			23d. LOCATION		o cou	NTY		TATE
		Burial		2-22-]	1984	Belair	Memor1	1	Belai		rford		Md.	
	24. FU	NERAL DIRECTOR	De. 12	E TH	1/75	200 130	lain Ro	250. DATE	REC'D. BY REGIS		-	1.0	URE	
		- Ass	wang.	SVLF16	, Ma	2100/	1	Y FEB	23 1984	John .	Davidson	n-Han	della	
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DHMH - 16 50M 4/82 (VRA 15, 4)

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23 1884 J. E. Miller - Maller	1,44	• 6	61 TEASTER	

1.	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH											
	REGISTRAR				CERTIF	ICATE OF DEAT	IH	REG. NO	D.			
	CEASED NAME	FIRST	4 ^	WIDDLE	0 1/	AST		20. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR	
(1117)	H	He	1 6	eorge	Sc	hmitt		February	2/1	1984	5 AM	
3 SE.		4.	RACE	,	5. DATE O		YEAR 6	AGE IN YEARS LAST NA		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	WALE		FIND		MAY			84	YRS		TOURS MIN.	
7c. B	IRTHPLACE ISTATE OR E	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	MARRIED A NEVER MARRIED			BALTIMORE CITY O	R COUNTY	OF DEATH		
	EW York		u.s.	A.	WIDOWE		VORCED HArtord			County, ME		
_	ITY OR TOWN OF DEA	JH0.) 11		OSPITAL, NURSIN	G HOME O	the same of the sa		20 USUAL OCCUPATI	NC	126. KIND C	OF BUSINESS OR	
146	wre de Gra	ce	LIF NOT IN SUC	H F CILITY, GIVE STREET	POMI	rial H		Stock Broke			stment.	
	AL RESIDENCE HE NURS							No realization of the		7	18111	
	inryland	HAT COUNTY		BEL AL		13d. INSIDE CITY LI		110 SEEVU			39	
14 F/	ATHER'S NAME		100			15. MOTHER'S MA	IDEN NAME					
JOSEPH ANTON Schmitt MARY KANHENSE												
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		065-10-01		Mrs, marge		8-7731 ADDRE	SEEVE SEL AU.	Maryland	Apt.) 21014	
	18 CAUSE OF DEAT	H (Enter only	one couse per	lime for (a), (b), and	licii n		-) V			ONSET AND DEATH	
	PART I. DEATH W		- (sudio.	pul.	monau	au	west				
	43/20 AMEDIATE CAUSE (0)											
	DUE TO, OR AS CONSEQUENCE OF							10000				
	Canditions, if any, gave rise to imn		(p)	010	74							
5-1	cause (a), statin		DUE TO, OF	R AS A CONSEQUE	NCE OF							
	onderlying cause	1051.	(c)									
-	PART 2. OTHER SIGN	VIFICANI CO	NDITIONS CO	INTRIBUTING TO D	EATHBUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART 1	a.	
Ó	Br	" CC	tho	nulli	this							
13	190 DATE OF OPERA	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		, WERE FINDIN		
CERTIFICATION	TO VICTOR							YES NO	YES		NO [
*	210. ACCIDENT WAS UND	ERLYING	216. TIME O			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	Y IN ITEM 18 P.	ART I OR PART 2		
i i	OR CONTRIBUTING			M. MONTH DA								
MEDICAL	21d, INJURY OCCURE		P.:		19	211 LOCATION						
ME	WHILE IN NOT WH			EET, FACTORY, OFFICE, FA	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
	AT WORK AT WO				0	10	0.1	2 9	-	8.1		
	220.1 certify that (1)) attended the	e deceased from	111	- 9	9 07	, to 0		19_07	that (I) (we) fast	
	saw the decease above, (I) (we) (c	did) (did not) y	view the bady	after death.	7_, on	id that in (my) (aur)) apinian de	eath accurred on the de	te and have	ond from the	causes stated	
	22h SENATURE	1	11-		1	DEGREE		/	- 1 T	22c. DATE	SIGNED	
	Litteria	N.	VA 021	leng	R	D. ATTEN	NDING TO	MEDICAL STAL	F	2/0	21184	

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If Item 2) is morked or Item 18 star TO FUNERAL DIRECTOR: BP

After this certificate has been signed by the attending physician and completely

njury, or other troumotic

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE FEb. 25, 1984 24 FUNERAL DIRECTOR Am Toster FOSTER

Galver

22d. PHYSICIAN'S NAME (PRINT)

oticia

231. NAME OF CEMETERY OR CREMATORY
BELLAN MEMORIAL GARDENS

Harford Co, Marynol 21014

FEB

625 S. UNION AVE, HOUTE de Grace, Md, 21078

BEL Air, Maryland 21014

22e ADDRESS

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15 15 15	AL AL STATE				200
Yang Trapant is a-	Testil plat to the				
indoes to a second	3 DEA John To	FEB 2	in the special section of the		11111 / 1/4 - 35 200

e attending physician and completely filled in by the funeral director, page 3 mave carbanaopers. Pages 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. N	0.	0			
	DECEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
-	YPE OR PRINT)	ROBERT	K	IRBY	SHRA	KE	Februar	y 29	1984	6:00 A		
3. 5	SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	Male		Whi	te	July	11, DAY 1930 YEAR	53	YRS		Mild.		
	BIRTHPLACE (STATE O		-	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
S	avanna, Il	2.	USA		WIDOWE		Harford County			ME		
	city or town of Di dgewood	EATH			OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS) WOOD COULT			120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Qua. Assurance Spec. US-govt.				
100	ual residence (IFNU aryland	HART	other institution ity	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Edgewood	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 606 Charw			21040		
14.	FATHER'S NAME ITVÍN	FIRST		Shrake		15 MOTHER'S MAIDEN NA ELSTE	Mae Mae		Hoover	57		
160	WAS DECEASED EVE		MED FORCES? E WAR OR DATES) 20	166. SOCIAL SECU 727-09-7		Mrs. Dorothy	J. Shrake,	Edge 606	zwood,Md Charwoo	. 21040 d Cowrt		
MEDICAL CERTIFICATION	210. ACCIDENT WAS U OR CONTRIBUTING (IF ETHER NOTEY ME 21d IN JURY OCCU WHILE NOT ALW 22 certify that (sow the dece	WAS CAUSE IMMEDIAT Which Immediate Ing the In	DBY: E CAUSE (0) DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b COND 19b COND THE HOUR A. 1) 21e PLACE (AT HOME STI	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. OF INJURY REET, FACTORY, OFFICE, F te deceased from 19	OPERATIO AY YEAR 19 ARM. ETC.)	NOT PELATED TO THE TERM N WAS PERFORMED 21c HOW IN JURY OCCUR 21l LOCATION STREET , 19 and that in (myl (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	20b. IF Y IN CER	ES, WERE FINDING TIFY ING CAUSES TES TO PART 1) COUNTY 19	NGS USED SOF DEATH? NO STATE		
	obove, (I) (we) (did) (did not view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					Feb.	29.1984					

Antonino H. Calon, M.D.

1016 Edgewood Road, Edgewood, Md. 21040

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Entombment
24 FUNERAL DIRECTOR 231 NAME OF CEMETERY OR CREMATORY 23b. DATE Aldino Harford Memorial Gardens Mar. 3, 1984

Harford

Howard K. McComas III, Abingdon, Md. 21009

-a Navidson-Randell

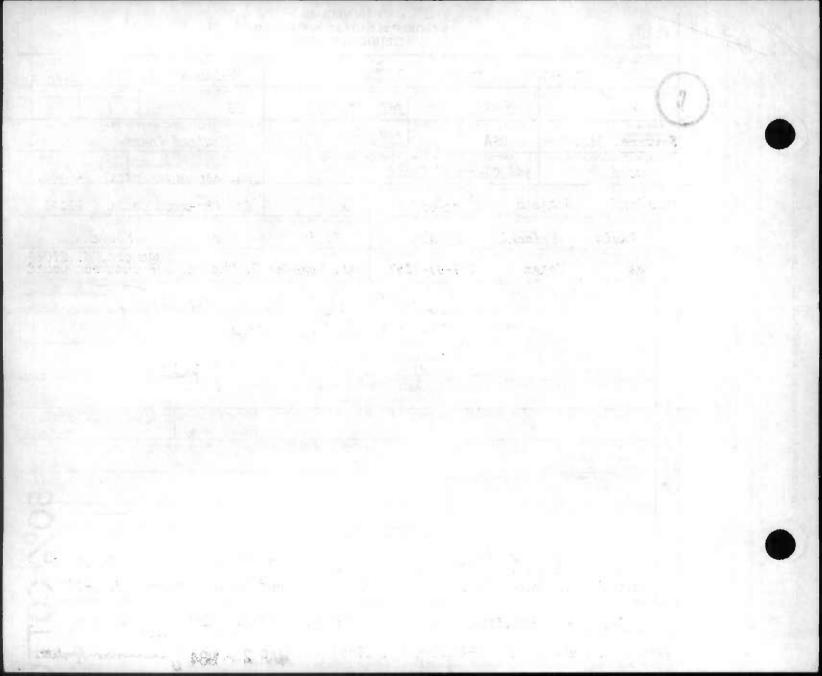
Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene priar ta burial,

MPORTANT: If them 21 is



BP.

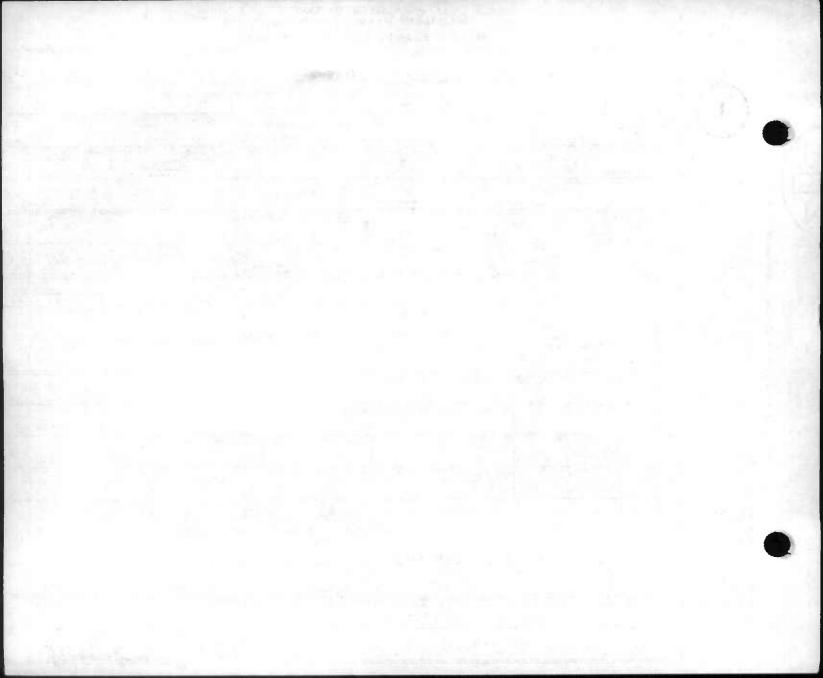
DHMH - 17 (VR A15 ME (5)) 15M 2/80

		STATE	OF MAI	RYLAN	ID	
1	DEPARTMENT	OF HE	ALTH A	NDMI	ENTAL	H

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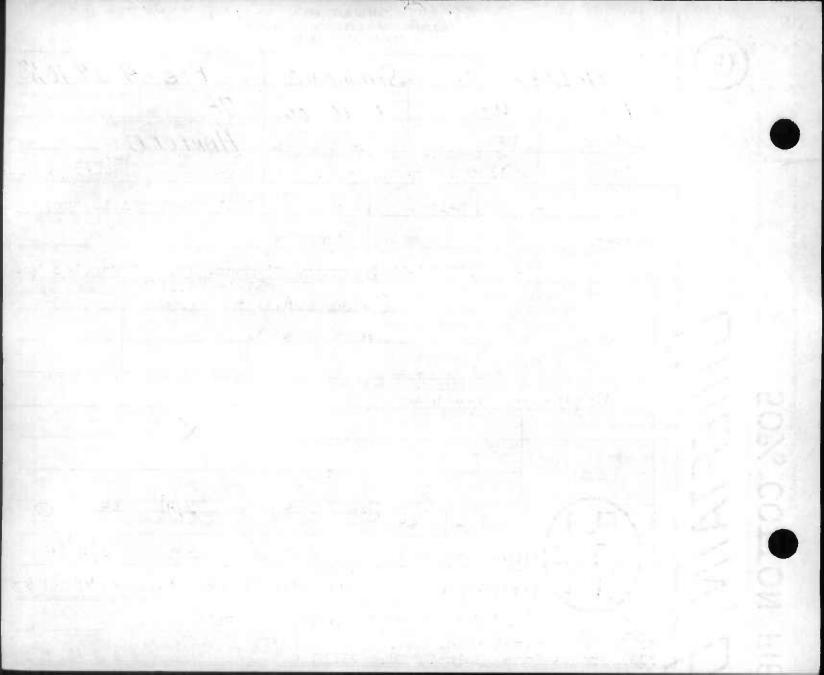
		REGISTRAR		MEI	DICAL EXA	AMINER'S	CERTIFIC	CATEO	F DEA	TH REG	NO.			
	T. DECEASED NAME FIRS				MIDDLE		LAST	A. O	2	a. DATE KNOWN		NTH DA	Y YEAR	26 HOUR
	(TYP	PE OR PRINT)	D 1.7		77 - 1	0.	• 0 0 '			OF ESTI-	TX 2	-8	184	
	3. SEX		Russel I	5. DATE OF BIRTH	Herbert	GE (IN YEARS IF	illing .	IF UNDER	24 HDC 12	C. DATE	MOI			B a M
	J. JEA		T. NACE	MONTH DAY			NTHS DAYS	HOURS		RONOUNCED		_		2d 110UR
-	_	M	W	2 16		72 YRS.				DEAD	_	2-8	1,84	1 pM
1		RTHPLACE (5	TATE OR	76 CITIZEN OF WE	HAT COUNTRY?	II. MAI	RRIED NEV	ER MARRIE	ED D	BALTIMORE CIT	Y OR CC	OVITA	FDEATH	
-	130		VA		USA	WIDO	OWED 🗆	DIVORCE	ED X	Harfo	rd			MD
A	ID. CI	ITY OR TOWN	OF DEATH		PITAL, NURSING		THER INSTITUT	ION	12a USU	AL OCCUPATION	TYPE OF W	ORK 12b.	KIND OF BU	JSINESS
1	Tan				CILITY, GIVE STREET A				D o to	ired to	ely .	t Na	or indust t.Gua	
-	USUA		(IF IN NURSING HOME OR	OTHER INSTITUTION, GI	d Mount						L. 391	L. IIVa	r.cuu	nu
3	13a. S	TATE	13b. COUNT	_	13c. CITY OR T		13d. INSIDE CI			ET ADDRESS			085	
	100	MD	Hari	ord	Joppa X	8#XEX	YES 🗌			Old Mou	ntair	n Rd.		
0	14, FA	ATHER'S NAME		MIDDLE	LAST			R'S MAIDE	NNAME	WIDDLE			LAST	
0		Theodo		Lacy	Si	lling		ssie		Brook			isher	
	16a. V	VAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORM		04:			ld. 2		011.
		Yes	ww 7		215 10	3678	Macy	KOKNE	ex.	co, 10 T	ienic	on La	ne, se	laur
		18. CAUSE C	OF DEATH (Enter anily	one cause per line									APPROXIMAT	E INTERVAL
		PARTIDE	EATH WAS CAUSED	BY:		-000	DAY	1/01	m.t	DIHLO		81	ETWEEN ONSE	ET AND DEATH
		250	O IMMEDIATE	CAUSE (a)	AS A CONSEQU	JENCE OF	1111	HEC	sea 1	11176				-
		Conditio	ns, if any, which	DOE 10, OK	7				10					
	-	gave ri	se to immediate	(b)	DIA	BeTe	- H.	SCO	1)					
		lying cas) stating the <u>under</u> - use last,	DUE TO, OR	AS A CONSEQU	JENCE OF								
				(c)										
Н	2	PART 2 OTNER S	IGNIFICANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PAR	RT 1 a					
	o N													
7	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR WHIC	HOPERATION	WAS PERFOR	MED?				20	AUTOPSY	?
7	Ĭ												YES 🗌	NO
7	ER	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	21c	HOW INJURY	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)						
h	i i	UNDERLYING	OR		. MONTH DAY									
1	MEDICAL	214 INJURY	NG CAUSE OF D		OF INJURY (AT	19	OCATION							
П	ME	WHILE	NOT WHILE		TORY, FARM, ETC.)	HOME, ZEE	STREET			CITY OR TOWN		COUNTY		STATE
		AT WORK	AT WORK											
н		22a. Lcerti	fy that I toak charge	of the remains des	cribed abave he	eld an Aut	арѕу 🔲.	Inspection	xx.	Inquiry	and in a	ny apinian		
		death result		ol causes XX	Accident .						7	ny apiman		
		death result	ed from: Naturo	i couses ALXI,	Accident	, Suicide L	, Hamic		Undete	rmined manner				
		ACTUAL	1	P	// , ,	,	TITLE (SI				D	ATE		
-	/	SIGNATURE.	pues	0/		4	M.D. Der	outy	MEDIO	CALEXAMINER		GNED_	2-8-8	34
L	-	EXAMINER'S	NAME		MD			1.61.	11110	noo C+ 1	Jarra	a Do	Croos	MD
		(TYPE OR PRI	NI) Luis	E. Reniel	MD		_ADDRESS_	404 E	AIIIa	nce St.	navre	s ne	Grace	, MD
	23a.Bl	URIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. NAME	OF CEMETERY	OR CREMATO	RY	23d, LOC	CATION		COUNTY	21	TATE
П		Buria	e F	oh. 11 19	81 Belli	ir Memor	rial Ga	rdens	-		anha			
	24 FU	UNERAL DIREC						50. DATE R	EC'D. BY	REGISTRAR 250 R	EGISTRA	R'S SIGN	ATURE	
	Ho	oward K	. McComas	III. Abas	nadon. N	Md. 2100	19	FEB	10	1984	1.	9 6		1



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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MEDIC

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20. DATE OF DEATH	MONTH	DAY	YEAR	26 H
tebruar	46	14	84	6
A AGE LIN YEARS LAST B		IF UNI	DER I YEAR	IF UN

1. DECEASED NAME FIRST (TYPE OR PRINT)	Emma J	incavage_	February 6/	984 6 A
3. SEX	4. RACE	5. DATE OF BIRTH	a. Hot freethand and and	FUNDER 1 YEAR IF UNDER 74 HRS
FeMale	White	July 16, 1913	70 YRS	ONTHS DAYS HOURS MIN.
In BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
Delaware	USA	WIDOWED DIVORCED	Hartord	M
HOUTE de CORACE	11. NAME OF HOSPITAL, NURSIN		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Book Keeper	176 KIND OF BUSINESS OF INDUSTRY
130. STATEN 135 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY HOPE HOPE HOPE HOPE HOPE HOPE HOPE HOPE		13e STREET ADDRESS PIP CODE	s St. 2100
14 FATHER'S NAME		15. MOTHER'S MAIDEN NAM	ME /	

Herbert	James	Hudson	Lillian	Patience	Fisher
60 WAS DECEASED EVER (YES, NO OR UNKNOWN)	LIE YES GIVE WAR OR DATES!		Ralph Sincavage, 626	Rogers	MD,21001 St., Aberdeen
18 CAUSE OF DEATH	H (Enter only one cause per	r line for (a), (b), and (c)	cocainaton Are	cort	BETWEEN ONSET AND

Conditions, if any, which gove rise to immediate cause (a), stating underlying cause last.

TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY

IN CERTIFYING CAUSES OF DEATH? YES [T NO IT NO 21s. ACCIDENT WAS UNDERLYING. 21b. TIME OF INJUR

HOUR A.M. OR CONTRIBUTING CAUSE OF BEATH

714. INJURY OCCURRED 211. LOCATION COUNTY CITY OF TOWN

NOT WHAT 22a 1 certify that (I) (this haspital) attended the deceased from

sow the deceased alive an and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (6 (did nat) view the body after death.

DEGREE 22c DATE SIGNED 22b. SIGNATUR ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [

PO ADDRESS

23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Greensboro, Caroline, Maryland

Burial Feb.8,1984 Greensboro Cemetery 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAIL

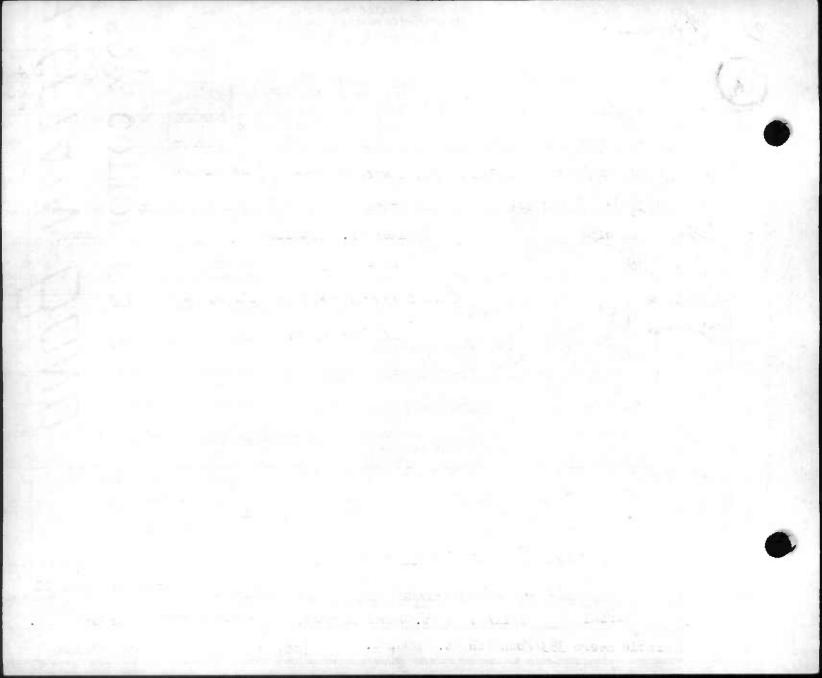
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT.

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	Bolt Yat per	The Asia			
				sel touch	W. 577.3
	john.im.			24.5	da on
6 6	e,o2b dogge S	sevenule digital	(1)	-5.55	04
	TISMA	Note:	Sirkin		
N. 131 & 1211		الدب البنديد	ik prihas		
		4 t 3.	14 (4)	NIN A	- Lack
STEEL SA					MAL
had wall, allow					Lolling
and the same	1381 24_0	2001-1580 g	्ता ध्याप्रस	Janes e woll I	Comma universal

1		FOR	DEDA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT	AL HYGIENEO A 9	3 4
	1-	STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH		0.
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOURS
)		Edi	th M.	SMITH	6 AGE (IN YEARS LAST OR	THO I I I I I I I I I I I I I I I I I I I
/	1. SE)	Ende	4 RACE		905 78	MONTHS DAYS HOURS MIN.
AT		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY C	OR COUNTY OF DEATH
12		Penna.	U.S.A.	WIDOWED DIVORCE	D 🗍	Harford MD.
66	10. CI	Vrede Grace	11. NAME OF HOSPITAL, NUI	RESING HOME OR OTHER INSTITUTION REET ADDRESS) HOMESS HOSP	12a. USUAL OCCUPAT (TYRE O WORK FOR MOST O	DE MORKING LIFE) INDUSTRY
25		RESIDENCE (IF NURSING HOME OR TATE 13b COUN			// // A	BIX 165 9994
1340	i la	THER'S NAME	MIDDLE WICKS	15. MOTHER'S MAID	ANNIE	IAST
	16a V	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL S	8-4106 HASSEL P	Smith P.O. Box 1	
1		8 CAUSE OF DEATH (Enter on	lly one couse per lime it (o), (b)	II Jany A.	. SIMIL T. O.DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (a)	300		
1000		4292	DUE TO, OR AMA CONSE	QUENCE OF	- + (N)	1000
- Land		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	QUENCE OF	any Jaiver	
0 10 0		underlying couse lost. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART I 10
(m)	NOI					
2	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	YES NO	20L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
2/	CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LICHID A AA AACANTU		OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)
9	DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19 211 LOCATION		
1	MEDIC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		CITY OR TO	OWN COUNTY STATE
200		22a.l certify that (I) (this hospi	ital) attended the deceased fro	om 2-4, 19.	14 10 2-11	19.84 , that (I) (we) lost
			2 - 11		opinion death occurred on the o	late and hour and from the causes stated
#		226 SIGNATUR	Lu	PHYSI	DING MEDICAL STA	AFF _ / / /
MPORTAN		22d PHYSICIAN STATE THE	Lee	22e ADDRESS	med Clin	No blavre de Grac
3		SURIAL, CREMATION, REMOVAL	236. DATE	234 NAME OF CEMETERY OR CREMA	ATORY 234 LOCATION	COUNTY CLATE
	24 F1	UNERAL DIRECTOR	12113 84	Dryansvilk	The DATE REC'S ELECTRAL	PARED STRARS SIGNATURA CO.
A 4/83 4)	Jo	NAME 4	00 Main Street	Delta PA	LER 19 MON &	THE PRINTED OF THE PARTY OF THE

The state of the s SINGS BASIN SOME Maded Constant South South of anything the state of the marker of the state of the contract of the state of the s TER 15 MA JOSEPH SEE MARKET AB AND HALL WAR DON WHATHER THE



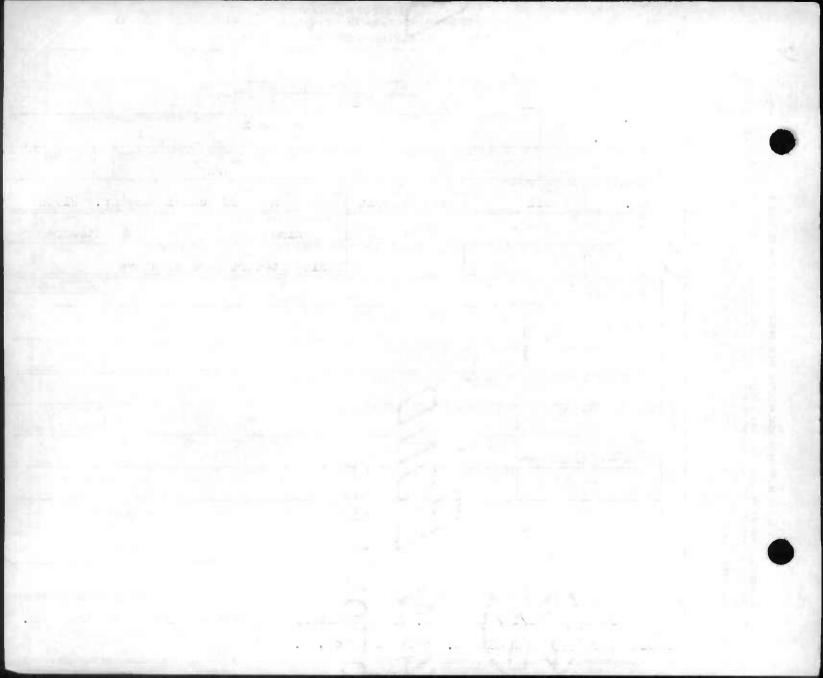
STATE OF MARYLAND

11.	= S1	ATE					TMENT OF H						4	1 0	0			
	RE	GISTRAR					EXAMINE			CATE	OF DE			REG. NO				177
		ASED NAME		FIRST		MIDDLE			LAST			OF	. 65	KD NW		CAY		10.110
			Ch	rist:					ewart			DEA	TH MA	TED [9	1984	
2.5	T		4 RACE B		DATE OF BIR		6. AGE (IN YEAR EAST BIRTHDAY YRS	MONTH		HOURS	R 24 HRS.		ATE DUNCED AD		MONTH 1	DAY 9	1984	6.56
7a	BIRT	HPLACE (ST	ATE OR	7	b CITIZEN OF			MARRI WIDOW	ED NE	VER MARI		1 BALT		Cou	_	NTY OF	DEATH	٨
		or town			(IF NOT IN SUCI	H FACILITY, GIVE	IURSING HOME, e street address) emorial			TION	12a. US	MOST OF V	CUPATIO	ON (TYPE		12b. K	CIND OF B OR INDUS	
	JAL STA		(IF IN NURSIN	Ceci.		13c. Cf	TY OR TOWN TO Depos		13d INSIDE C	ITY LIMITS?	13e ST	REET ADI	oress choc	lhou	ıse]	Dr.	219	704
14	FAT	HER'S NAME FIRST			MIDDLE		LAST			enise		E	MIDDLE			S.	tewar	rt
160.	W.A	S DECEASE		U.S. ARME	D FORCES?	16b. Sc	OCIAL SECURITY	NO.	17. INFOR	THAN			- AI	DDRESS				
N			, , ,	120, 0112 111					Denis	se St	ewar	t sa	me a	as ab	ove			
		gave ris cause (a) lying cau		mediate e <u>under</u> -	(c)		Onsequence o											
NO	- 4	ARI Z DIHER SI	GNIFICANT CO	ONDITIONS COL	NTRIBUTING TO DE	ATH BUT NOT RI	ELATED TO THE TERMIN	IAL DISEASE	OR CONDITIO	N GIVEN IN P	ART 1 (a).							
FICATI		9a. DATE OF	OPERATIO	ON	1% CON	IDITION FO	R WHICH OPERA	TION W	AS PERFOR	MED?						20	AUTOPSY YES S	
MEDICAL CERTIFICATION		1a. EXTERNA INDERLYING ONTRIBUTII			ATH HOUR	P.M.	TH DAY YEAR	21c HC	OW INJURY	OCCURR	RED LENTER	NATURE O	F INJURY IN	N ITEM 18 P	ART I OR P	ART 2)		
MED	1	Id. INJURY C WHILE AT WORK	NOT WE AT WOR	HILE I		E OF INJUR FACTORY, FARM	RY (AT HOME, A, ETC.)		TREET			CITY O	RTOWN		cc	OUNTY		STATE
7			ly that to	ok charge	cours X) Second	T 1	ide 🔲	Hamin TITLE (S	PECIFY)	Unde	Inquitermined	l manner	, <u> </u>	DATE SIGN		1/10)/84
1	(XAMINER'S TYPE OR PRI	VT)		mas D.				ADDRESS_		Peni			Balt	0.,1	MD.		
23a.	(SPE	IAL, CREMA			1/13/8)		St. Jame				CIT	OCATIO Y OR TOWN VYO	į.	race	cou H	arf	ord	STATE MO

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

24 FUNERAL DIRECTOR

Arnold Beard 353 Fountainsst. Havre de Grace, MdFEB 14 1984



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physitian and car should be detoched for use as the burial intrassit permit. Then please remove carbon popul. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	40.		
			FIRST	N	AIDDLE	131	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	TYPE	RUT RUT	-H	1	E.	Step	HENSON	á	1-2	.6-84	11:3 "
1	3. SE	X	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	-	emale	100	Whi	te	July		77 yrs.	YRS		
90,		RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 ************************************	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
275		aryland		U.S.	Α.	WIDOWE		HARFOR	Q S		MD
V	10. Ç	ITY OR TOWN OF DEATH	1 11				OR OTHERMINISTITUTION	120 USUAL OCCUPA			F BUSINESS OR
DE	B. 265	WE de beac	E	HARF		70K/100	L LOSPITAL	Secretar		Reti	red
21	13a S		6 COUNTY	1	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	Œ	
70	M	aryland	Cec	il	Perryvil	le	YES XXX NO [Aiken Av	enue	219	903
南門	M FA	ATHER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	1
2/1	V	James			McCullou	gh	Annie			Owens	
0 M	160. V	VAS DECEASED EVER IN		D FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI			
1/	1	NO OR UNKNOWN)			221-01-0	0812	Jean Lucas	Rising S	un, Ma	aryland	21911
0		18 CAUSE OF DEATH	Enter only	one couse per		ic)	\ .	1		BETWEEN	MATE INTERVAL
ven		PART I. DEATH WAS	MEDIATE		Con &	6 8	une XI	tout			
otic		4100		DUE TO, OF	ASA CONSTRUCT	NICKOF .	1	0	/	4	
50		Conditions, if ony, v		(b)_	Hure	me	10 confir	1 my	our	1	22 1
er tr		gove rise to immed couse (a), stating	the	DUE TO, OF	AS CONSEQUE	NICE OF	1	0-0.0	1		0
roth		underlying couse	lost.	(c)	1/260	the	Leir Sile	do les ce	- de	o acon	h
7. o		PART 2 OTHER SIGNIF	ICANT CO	NOITIONS CO	NTRIBUTING TO D	EATH BUT	NOT BELATED TO THE TERM	NINAL DISEASE OR CO	NDITION G	MEN OF BART TO	3-
5	<u>o</u>	Coupe	11	ile.	hear	X	ta luce				
o P	CERTIFICATION	190 DATE OF OF RATIO	N	19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	20g AUTOPSY?		ES, WERE FINDIN	
6 1	E		1000			(YES NO NO		ES [NO 🗌
=/1	8	210. ACCIDENT WAS UNDER		21b. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18	PART OR PART 2)	
£47	CAL	OR CONTRIBUTING CAL		P./		19	CALL COLLEGE				
6/	MEDICAL	21d. INJURY OCCURRED	/	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM FTC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
rked	~	THE PACE OF THE PA	7						-	-	
E S		27s.1 cortife 1961 (1) 36	sis hospital	attended the	geceased from	ما ا	19 19	, to _ & _	26	10.00	that (h (we) last
23		above (II) Leydu	ighd not	the body	after death.	7.00	nd that in (my) (our) opinion	death occurred on the	date and ha	our and from the	courses started
Herr		NA SIGNATUM		X,			DEGREE	4		> 17 DATE	SIQUED,
= /	1	10/1/00	11	1			ATTENDING PHYSICIAN	DIRECTOR PHYS	ICIAN [10/	34
TAP		22d PHYSICIAN'S NAM	E TYPE OR P	RIDAY		1	22e ADDRESS	1	1	10 %.	1
MPORTANI	1	TAMA	KM	NA	M.O.	3	1/20, lew.	on the	· N	1/4	4 210%
≤	250 E	BURIAL, CREMATION, RE	MOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		-	

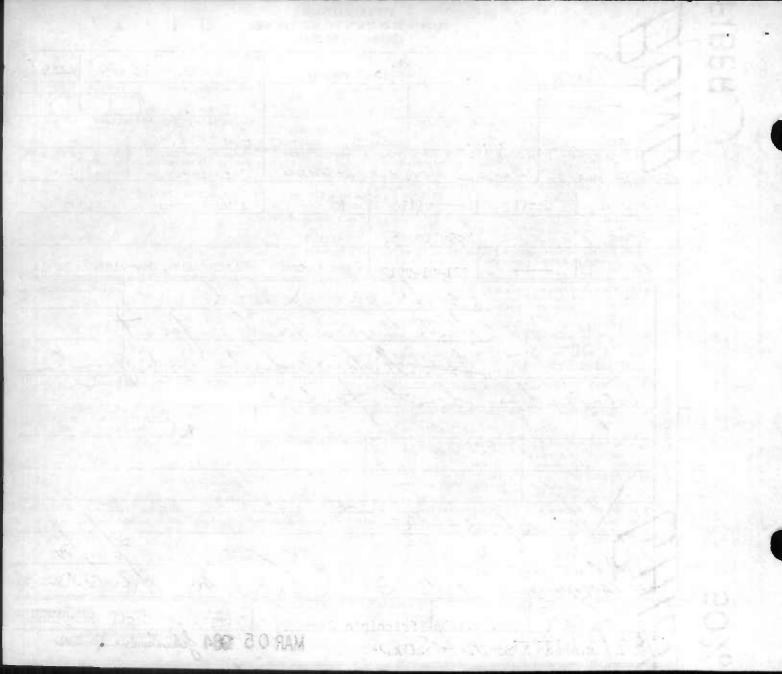
DHMH - 16 50M 4/83

(VRA 15, 4)

BP

Perryville

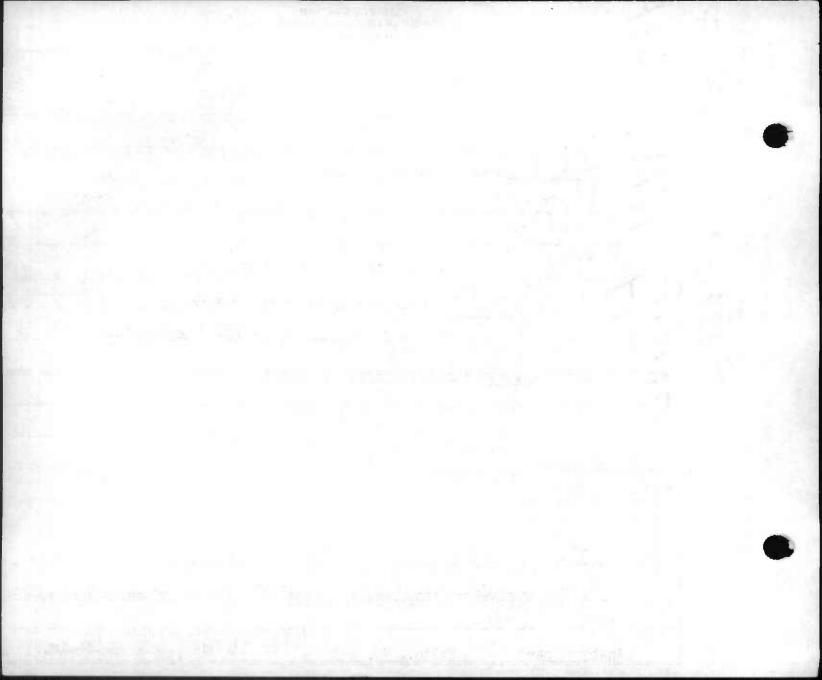
Cecil Maryland



BP______ DHMH = 16 50M 4/8

(VRA 15, 4)

1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	NENE 0 4	9 3	8	
	CEASED NAME FIRST PAU	ANN	OTTLE	ı	AST	20. DATE OF DEATH			7:45 AM
3. SEX		1 RACE		5. DATE C		6. AGE (IN YEARS LAST BH		JNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Balton	Uis		WIDOWE		9. BALTIMORE CITY OF HAPPORD			MD.
/	ITY OR TOWN OF DEATH (20078) HAVRE-de-GRAC	E CITIZE	NS NURSI	NG HON	OR OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST SALES CLECK	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
130 5	4.0		13c. CITY OR TOW	VN	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 505 Congr		0// NU.E.	078
	THER'S NAME FIRST FREDERIOL	MIDDLE	MEPEL		15. MOTHER'S MAIDEN NA	WIDDLE		N DEL IVA	Hyde
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	216-30-9		mrs. Judy K.	Mai C	HALLES- DO	EWOLAJO	21078
CERTIFICATION	Conditions, if any, which gove the to immediate course tall, storing the underlying cause last. PART 2. OTHER SIGNIFICATION.		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	NDITION GIVEN 206. IF YES, W	VERE FINDIN	NGS USED
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D		21c HOW INJURY OCCUR	YES NO NO	YES [NO 🗌
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		FARM, ETC }	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this h saw the deceased alive above. (1) (we) (this h 220. SIGNATURE	I not) view the body	19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 224 ADDRESS	deoth occurred on the of	AFF	nd from the	
	BURIAL CREMATION, REMO	AL 23b. DATE	1884 C	t s with	EMETERY OR CREMATORY	23£ LOCATION OF OUTOWN	A. Berry	white in	18884
24	UNERAL DIRECTOR WILLIAM	TOSTET W	ADDRESS AT THE	1		UNIE D. NOOMS 1904	PER RECIDING	TAMENC CT	URE

STATE OF THE PARTY


FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	4	7	य	Û

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO			
1. DECEASED NAME (TYPE OR PRINT)	Geon	98	WIDDLE	6	AG NER	2a. DATE OF			284	26. HOUR 8
3. SEX Male		₹RACE Whi	.te	S. DATE O	DAY YEAR	6. AGE (IN YE	ARS LAST BIRTI		IF UNDER 1 YEAR	HOURS M
7a. BIRTHPLACE (STAT COUNTRY) Pennsylva		76. CITIZENO US	F WHAT COUNTRY?	8. MARRIEI WIDOWE	XX NEVER MARRIED DIVORCED	9. BALTIMOS	7	COUNTY		
Fallsto			UCH FACILITY, GIVE STREET	ADDRESS)	ew Hosp			WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS
USUAL RESIDENCE (IF 130. STATE Maryland	NURSING HOME OR 13b. COUN Har	1TY	on give residence before 13c. CITY OR TOW Stree	N	13d. INSIDE CITY LIMITS? YES NO X			House	Court	154
14 FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Amano		WIDDLE		Wagner	
160 WAS DECEASED E (YES, NO OR UNKNOW) Yes		E WAR OR DATES)	181-14-6		Lola Wagner	, Stree	addres			MATE INTERVAL
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(IF EITHER, NOTIFY 21d. INJURY OC	CURRED OT WHILE		E OF INJURY STREET, FACTORY, OFFICE, F	FARM, ETC)	211. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATI
sow the de obove, (1) (v	ceased alive on ve) (did) (did no		the deceased from 19 dy ofter death.	or or	nd that in (my) (our) opinion	death accurred	d on the do	te and hour	ond from the	
22b. SIGNATURI		Ms	2	M.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		22c. DATE	SIGNED
22d. PHYSICIAN	S NAME (TARE	R PRINT)	0	-	220. ADDRESS	1121	/ /	1	00	11/
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DHMH - 16 50M 4/B2

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(VRA 15, 4)

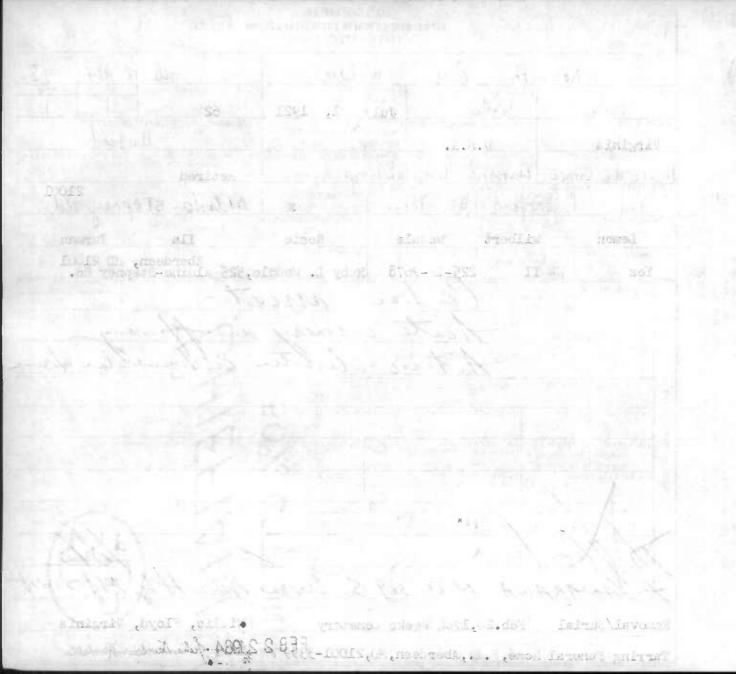
John H. Harkins, 600 Main St., Delta, PA 17314

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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after attain. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral arrestor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with a 2 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.
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DHMH - 16 50M 4/82 (VRA 15, 4)

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3. SEX		4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	IF UNDER 2
	Male	While		ily 1, 1921	62	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WH	MA	RRIED KNEVER MARRIED DOWNED DIVORCED	9. BALTIMORE CITY OR CO	Hartord	
10. CI	Wre de Gracio	11. NAME OF HOS	CILITY, GIVE STREET ADDRESS	1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRKING LIFE) 126. KIND O INDUSTRY	F BUSINESS
USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		CITY OR TOWN	130 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	ST PAney	21001 Rd.
14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAS	
	Lemon	Wilbert	Weddle	Rosie	Ila	Turn	nan
	WAS DECEASED EVER IN U.S. A (YES NOOR UNKNOWN) (IF YES, C)	IVE WAR OR DATES)	SOCIAL SECURITY N 25-12-9678	Ruby L. Wedd	Aberd Aberd 1e,525 Aldino	en, MD 210 Stepney Ro	01
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FICATION	gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR O	ACONTEQUENCE CONTRIBUTING TO DEATH	coronary	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDIN CERTIFYING CAUSES	IGS USED OF DEATH
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι'.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
	CEASED NAME FI	7 . 1	DDE L	AST 11 1		- 1 -	YEAR 26 HOUR
_		laide .		white		eb 19	1989 / PM
1. SE	- 1	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS:	DAYS HOURS MIN
1	Female	white		2 1895	8	YRS	
	IRTHPLACE (STATE OR FOREK	1 1.0		D NEVER MARRIED	9 BALTIMORE CITY O		2 -
10 C	Marylano		OSPITAL NURSING HOME O		HARFO		KIND OF BUSINESS OR
12	- 1 Air		FACILITY, GIVE STREET ADDRESS)	- 1	HOUSE WILL	WORKING LIFE) IND	USTRY
050	AL HESIDENCE (IF NURSING		GIVE RESIDENCE BEFORE ADMISSION)				210100
-	MD	far Ford	Bel AIR	YES NO W	605 Plu	ntice	Rd.
III. FA	ATHER'S NAME	HENDERSON	LAST	15 MOTHER'S MAIDEN NA/			TPAL
1 5	James	Frah	Archek		margaret	AWA /	Magness
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMADITUSON) 8	38-7022 ADDRE	Plumtree	Road
	No		120-24-2769	Mr. JAMES T.	White BE	Hir Man	
	18 CAUSE OF DEATH (E PART 1. DEATH WAS	nter anly ane cause per li	1	אוירטטטטיניון	14/1/10 1	12/20/20	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		MEDIATE CAUSE (a)	MASSIVE	CENEURU-UN	SCULAR AC	CIDERO	IMMED.
	100 1 de		AS A CONSEQUENCE OF	(NAM TIME	DAL	= 1	TVPC
	Canditians, if any, who gave rise to immediate	ate	, DI C. U. Day	(DIABET	7- 8 (W) 2	VRS	1100
	underlying cause	the DUE TO, OR	AS A CONSEQUENCE OF	DIANE		1.1-)	
	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN E	PART I(a)
Ž Q							
CERTIFICATION	19g. DATE OF OPERATION	N 196 CONDIT	ION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🔼		FINDINGS USED CAUSES OF DEATH?
GE	21a. ACCIDENT WAS UNDERLY		INJURY A. MONTH DAY YEAR	21c. HOW INJURY OCCURE		RY IN ITEM 18, PART 1 OR	
Ç	OR CONTRIBUTING CAUS	o or perior					
MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	NN COU	INTY STATE
^	AT WORK AT WORK				a	~~~	11
	22s. I certify that (I) (thi			FE13 19 7	, to 19 FE	198	T, that (I) (we) last
	saw the deceased of abave, (I) (we) (did)	the nativities the body of	itter death.	nd that in (my) (aur) apinian (death accurred an the de		
	27h SIGNATURE	Siduel	Ums.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _	197184
1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	N/ T	22e. ADDRESS HOLL	ERANRGY	UST	12/
	H.P. SI.	DWELL	· · · · · · · · · · · · · · · · · · ·	BE	ZAIRIN	D 210	214
_ (BURIAL, CREMATION, REA			EMETERY OR CREMATORY	23d LOCATION CE		STATE
13	burial	£€p. 33		El WEH. Ch. CEN	BHATTA HE	forter, ma	1014 Justen
34 F	UNERAL DIRECTOR	FOSTET W. Br	ADDESS WILL ANTS	St 1500	R. Disson A.	Markey Rock	STEPATORE
	maphicelin Fro	Cer BE	Air, mary may 2	1014			

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attention physician should be detacked for use as the buriol transit permit. Then please temore carban papers with the State Dept. of Health and Mental Hygiere prior to basiol. cremotion, or removal MPORTANT. If them 21 is marked as them 18 show any injury, or other traumatic event, the

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours ofter deam with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

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	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.			
	CEASED NAME FIRST		MIDDLE	L	LAST	20 DATE OF DEATH	HIMOM	DAY YEAR	26 HOUR	
	MAR	GARITE I	H. WITTI	CH		FEBRUAR!		1984	7:00	
3. SE	Fema l e	4 RACE White		5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	IHDAY)	MONTHS DAYS	# UNDER 2 HOURS	
. 01	IRTHPLACE ISTATE OF FOREIGN			reb.	28,1916	67 9. BALTIMORE CITY O	YRS	VOEDEATH		
	country) Maryland	USA	WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED DIVORCED	Harford				
-	Edgewood	307 I	Redbud Rd	ADDRESS)	OR OTHER INSTITUTION	TOTHER INSTITUTION 120 USUAL OCCUPATION 17PE OF WORK FOR MOST OF WORKING LI Secretary			(126. KIND OF BUSINESS INDUSTRY Bank	
USU/ 13a. S	STATE 13b. CO Maryland Ha		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Edgewood	N .	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS / 307 Red	zip codi bud R	€ d. 210	40	
4. FA	John Wehr	WIDDLE	LAST		IS. MOTHER'S MAIDEN NAMED HELD I			tA!	st	
16a. V	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	212-05-		James C. Witt	addre tich Sar				
	18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), an	dicit				BETWEEN	MATE INTERV	
	PART I. DEATH WAS CAU	SED BY. IATE CAUSE (0)	CARCINO	MAT	PATOSIS			1 month		
NO	MA	T CONDITIONS C	DR AS A CONSEOUE		NOT RELATED TO THE TERM		DITION GI		mon H	
CATIC	198. DATE OF OPERATION			CONDITION FOR WHICH OPERATION WAS PERFORMED				S, WERE FINDI		
UL.		OR CONTRIBUTING CAUSE OF DEATH HOUR A				YES D NOD				
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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician,

may be

re functial director, page 3 within 72 hours ofter death

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1	-	STATE
		DECLETRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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									DEATH				
	CEASED NAME E OR PRINT)	FIRSTG1	en C	MID Carl	We	olf wolf	e, Sr.	20. DATE OF 2	1/2/	fix	DAY YEAR	26 HOI	JR 03'
3. SE			4. RACE		5. DATE C			6. AGE IN YE	ARS LAST BIRTHE		IF UNDER I YEA		R 24 HR
Ma	ale M		W	White	Apr		1927	56		YRS.	MONTHS DAYS	HOURS	MIN
	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	D NEVER A		9 BALTIMOR	E CITY OR	-	OF DEATH		
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0 C1	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a USUALO	CCUPATION	٧	12b. KIND	OF BUSIN	
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15U/	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION1						111000	LILLON	. 0
	Maryland		timore	Perry H	all	13d. INSIDE CI	NO 🛣	13e STREET A 9801	Force	Park	k Road	211	28
4 FA	ATHER'S NAME						MAIDEN NAM			- 072	10000		
F	Roy		WIDDLE	Wol	fe	P611	FIRST		MIDDLE		Har	ris	
Sa V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAL	NT		ADDRESS				
I	YES, NO OR UNKNOWN)	1,,50,51	- ON PAIES	413-26-4	278	Shirle	y K. We	olfe 9	801 F	orge	Park 1	Rd.	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cur should be detached for use as the burial-transit permit. Then please remove carbanpapers, Pages with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows any injury, or other traumatic event, the

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 strain the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

FOR STATE DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

STATE OF MARYLAND

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REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
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MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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